COMMENTRY

Expanding access to maternal health services for pregnant adolescent girls

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Abstract

A significant proportion of pregnant adolescent girls do not seek appropriate care during pregnancy because antenatal care services are ill-adapted to their age-group. To bridge this gap, the Lagos State Government established a "Young Moms Clinic" where antenatal care services uniquely tailored to the needs of pregnant adolescents was piloted for six months. During this period, 106 pregnant adolescent girls enrolled in the clinic and 98% of them completed the minimum four ANC visits required of them. In addition, they acquired knowledge on newborn care, sexual reproductive health and were either re-integrated back to school or empowered with income-generating skills following delivery. In this regard, the Young Mom's Clinic is a promising approach to meet the needs of pregnant adolescent girls as it expanded their access to the type of specialized care not readily accessible to them within public health facilities. *(Afr J Reprod Health 2021; 25[6]: 15-19).*

Keywords: Adolescent pregnancy, maternal health

Résumé

Une proportion importante d'adolescentes enceintes ne sollicite pas les soins appropriés pendant la grossesse car les services de soins prénatals sont inadaptés à leur tranche d'âge. Pour combler cette lacune, le gouvernement de l'État de Lagos a créé une « Clinique des jeunes mamans » où des services de soins prénatals spécialement adaptés aux besoins des adolescentes enceintes ont été mis à l'essai pendant six mois. Au cours de cette période, 106 adolescentes enceintes se sont inscrites à la clinique et 98% d'entre elles ont effectué les quatre visites prénatales minimales requises d'elles. En outre, elles ont acquis des connaissances sur les soins aux nouveau-nés, la santé sexuelle et reproductive et ont été soit réintégrées à l'école, soit dotées de compétences génératrices de revenus après l'accouchement. À cet égard, la Clinique des jeunes mamans est une approche prometteuse pour répondre aux besoins des adolescentes enceintes car elle a élargi leur accès au type de soins spécialisés qui ne leur sont pas facilement accessibles dans les établissements de santé publics. *(Afr J Reprod Health 2021; 25[6]: 15-19).*

Mots-clés: Grossesse adolescente, santé maternelle

Introduction

Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth[1]. Globally, complications during pregnancy and childbirth are the leading causes of death amongst girls aged 15–19 years old[2]. The incomplete physical development of the young girl's body and inadequate preparation with regard to pregnancy and childbirth all contribute to an increased risk of maternal mortality[1]. Furthermore, in low- and middle-income countries, babies born to mothers under 20 years of age face a 50% higher risk of being still born or dying in the first few weeks as compared to those born to mothers aged 20-29 years[1]. Therefore, it is essential that pregnant adolescents have access to regular, quality antenatal care (ANC) services. Unfortunately, negative health service provider attitudes, obstacles such as inconvenient locations or operating hours, lack of agency and the stress and instability most unmarried pregnant adolescents experience often discourage them from seeking care[2].

In Lagos, the commercial nerve center of Nigeria and the most populous city in Sub-Saharan Africa, 1.1 percent of girls (approximately 14,000)

between 15-19 years have begun childbearing[3]. In Nigeria, ANC for adolescents is not particularly different from that available to older women. Although some facilities encourage youth-friendly services in order to meet the reproductive health needs of the young people, it seems there are no structures to support the adolescent when she is pregnant. Therefore, the pregnant adolescent has to access ANC alongside more matured mothers and a study showed that pregnant adolescents expressed discomfort and reluctance in accessing ANC in these settings[4]. This situation poses a great challenge because sub-optimal antenatal care contributes significantly to the pregnancy complications and adverse birth outcomes associated with adolescent pregnancies[5].

In this regard, the Lagos State Ministry of Health in collaboration with the United Nations Population Fund sought to determine the feasibility of establishing low-scale health centers that would provide ANC exclusively to pregnant adolescent girls. This is an adaptation of the multi-disciplinary clinic (The Young Mom's Clinic) established by the Mayo Medical Center which showed fewer pregnancy complications amongst their clients[6]. The State government has made significant investments in youth friendly centers tagged Hello Lagos Centers. In these centers, which are spread across the state, young people access sexual and reproductive health information and services. With recent global evidence citing the limited cost-effectiveness of stand-alone youth friendly centers, the Ministry of Health aimed to make the centers more "fit for purpose" by adapting some of them into clinics for pregnant adolescents. In this paper, we describe how the health center termed the "Young Moms Clinic" was piloted within one of the Hello Lagos Centers.

Methods

Pilot site

The clinic was piloted within the Oko-Awo Youth Friendly Center, located in Lagos Island West local government area (LGA). Lagos Island West is a very densely populated, lower middle-income, semi-urban LGA.

Implementation design

The pilot adopted a "hub and spoke" design centered approach. The youth friendly center served as the central "hub" where the adolescent girls received care during pregnancy with the primary and secondary health care centers serving as the "spokes" where delivery takes place. To ensure a uniform standard of care, a protocol for the management of adolescent pregnancies termed "Standard Protocol for Management of Adolescent Pregnancies" was developed. The nurse and counsellors managing the center were trained on the protocol which consisted of four modules (i) pregnancy care (ii) newborn care (iii) family planning (iv) prevention of STIs & HIV with guidelines for reintegrating the pregnant adolescent back into school and society.

Implementation rollout

To ensure buy-in and acceptance by community members, the relevant stakeholders – market women, traditional leaders, traditional birth attendants and age-group associations were properly engaged and briefed about the clinic. Thereafter, a set of client focused criteria for the enrollment of clients into the 6 months' pilot was developed by the State Technical Committee. It was agreed that a pregnant female would be enrolled if they meet all the following criteria- (i) 15-19 years (In Lagos State, pregnant adolescents less than 15 years can only be managed in a secondary or tertiary center) (ii) Gestational Age < 24 weeks. (iii) Ability to complete a minimum of 4 ANC visits. This was to ensure that the clients access to the health center would span the duration of the pilot.

Pregnant adolescent girls were mobilized to the clinic from the surrounding communities by community health educators and referrals were made from the larger health facilities. 106 pregnant adolescent girls enrolled in the clinic over the pilot duration of six months. Upon registration at the clinic, the nurse-midwife provided the pregnant adolescents with ante-natal care services including HIV testing and counselling and those who tested positive for HIV were referred out for expert management. At each of the four minimum compulsory visits, the nurse conducted the module sessions as outlined in the standard protocol. The clinic also provided regular group psychosocial counseling sessions and when

appropriate, key family members were encouraged to participate. At 34weeks gestational age (GA) and following completion of services, each pregnant adolescent

Table 1: Socio-demographic characteristics of the pregnant adolescent girls enrolled in the young mom's clinic

Background Characteristics	Frequency	Percent (%)
Mother's Age at most recent birth		
15-17	30	28.3%
18-19	76	71.7%
Marital Status		
Single	96	90.6%
Married	10	9.4%
Level of Education		
No Education	4	3.8%
Primary	68	64.1%
Secondary/Vocational	34	32.0%
Post-Secondary	0	0
Birth-Order (Parity)		
1	87	82.1%
2-3	19	17.9%
4-5	0	0

was referred out of the clinic for delivery in her preferred secondary or tertiary health facility. The clinic nurse-midwife was responsible for ensuring that the pregnant adolescent successfully integrated into the larger health facility and followed up on her progress through continuous engagement with health workers at the delivery site.

Demographic data

The median age of pregnant adolescent girls enrolled was 18 years with majority (46%) of them being 19 years old. Eighty-Seven percent were primigravidae and 96 percent were unmarried. Majority (68%) had completed primary school education.

Discussion

To the authors' knowledge, this clinic is the first government owned and managed health facility in Nigeria solely dedicated to the care and management of pregnant adolescent girls. The average age of sexual initiation among the pregnant adolescent girls that enrolled in the clinic was 17 years. Discussions held during their counselling sessions revealed that social factors such as peer pressure and the desire to develop or maintain a relationship were the major reasons for initiation of sexual activity. It was also noted that majority of them had limited knowledge about contraception which inadvertedly led to their engagement in unprotected sex. This is not unexpected, as the developmental stage of adolescence in developing countries including Nigeria is associated with the challenge of poor access to sexual reproductive health information and services both at home and within the school environment[7]. In this regard, the tailored information provided by the nurse during the ANC played a major role in increasing their knowledge and skills in reproductive health and may significantly impact the desired reduction in fertility rates among these girls in the future.

Majority of the pregnant adolescents expressed despondency about their situation and uncertainty about their futures during the counselling sessions. Adolescent parenthood is associated with a range of adverse outcomes for young mothers, including mental health problems such as depression, substance abuse, and posttraumatic stress disorder[8]. These circumstances can adversely affect maternal mental health and can be precipitated by some of the psychologically and physically harmful acts experienced by the pregnant adolescents enrolled at the center. Some of them reported being beaten and locked up in dark rooms as well as being constantly subjected to verbal insults inflicted by their family and community members. To address this, the health care workers and social workers provided regular on-site and off-site counselling services to the girls and their families. Linkages were also created between local educational institutions, vocational schools and the girls to support their re-integration back into society following childbirth. This is critical because in addition to the health risks to the young mother and her child, pregnancy during adolescence can negatively impact on a young woman's opportunities for education. A study in KwaZulu-Natal showed that only about 30% of adolescents aged 14 - 19 who had dropped out of school because of pregnancy returned to school[9]. Currently, the Nigerian Education System Policy does not make provision for pregnant adolescents to continue with their education, thereby disenfranchising the young girl and her child[10].

Over 98% of the pregnant adolescents completed their required minimum four ANC visits to the clinic during the six months' duration of the pilot. They expressed feelings of being more comfortable and better accepted in the clinic as compared to the larger health facilities and indicated that the services were better adapted and suited for their age-group. This appears to be an improvement on the study findings from a similar adolescent girls' clinic in Malawi where participants expressed the need for the clinic to be more youth-friendly[11]. This may have been because their clinic was implemented on designated days within a health facility that provided routine ante-natal care services to the general population. In contrast, the stand-alone format of the Young Moms Clinic afforded the trained health care workers the platform to provide the pregnant adolescents personalized care in a youth-friendly setting. In this regard, the Young Mom's Clinic successfully provided services tailored to the needs of the pregnant adolescent and in the process expanded their access to the type of specialized care not readily accessible within public health facilities.

Conclusion

Increasing access to and utilization of quality maternal and health services for adolescents will contribute significantly to a global reduction in maternal mortality, especially in the 20 countries responsible for 82 percent of global adolescent maternal deaths[12]. Nigeria is one of these countries. The USAID identifies critical factors for improving adolescent maternal health: encouraging young women to use prenatal care to identify and treat malaria, anemia, and other health issues; providing obstetric care to ensure safe delivery for young mothers and their infants; and postnatal care to identify post-partum health issues, provide newborn care, and offer contraception to accomplish birth spacing[12]. The Young Mom's Clinic meets most of these requirements. It demonstrates that such services can be provided in a sustainable manner and provides a viable platform to address the unique socio-behavioral challenges faced by adolescents in pregnancy. It also provides the young girl with opportunities to go back to school and acquire skills that will empower her to successfully reintegrate back into society. Upon completion of this pilot, service provision has continued on-site and the model has been replicated in other youth friendly centers across the state. The State Government continues to subsidize the cost of routine ANC services at these Young Mom's Clinics and thus far 648 pregnant adolescent girls have successfully accessed services. This novel approach geared towards improving maternal health care for adolescents are consistent with the Sustainable Development Goals, which also focus on girl child education, preventing early pregnancy and removing financial barriers to care. In this regard, we believe that the Young Mom's Clinic is a feasible and promising approach to improve the health outcomes of the pregnant adolescent and her child as well as ultimately ensure that she reaches her full potential.

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Conflict of interest

None

Contribution of authors

Momah-Haruna A conceived the idea. Odeseye S designed the standard protocol, Iwayemi V and Balogun T collected and reviewed the FGD data and Omosehin. O, Abubakar. Z, Abiose J, Okaga.S, Adelakin.O, Momah-Haruna A prepared and reviewed the manuscript. All authors mentioned approved the manuscript.

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