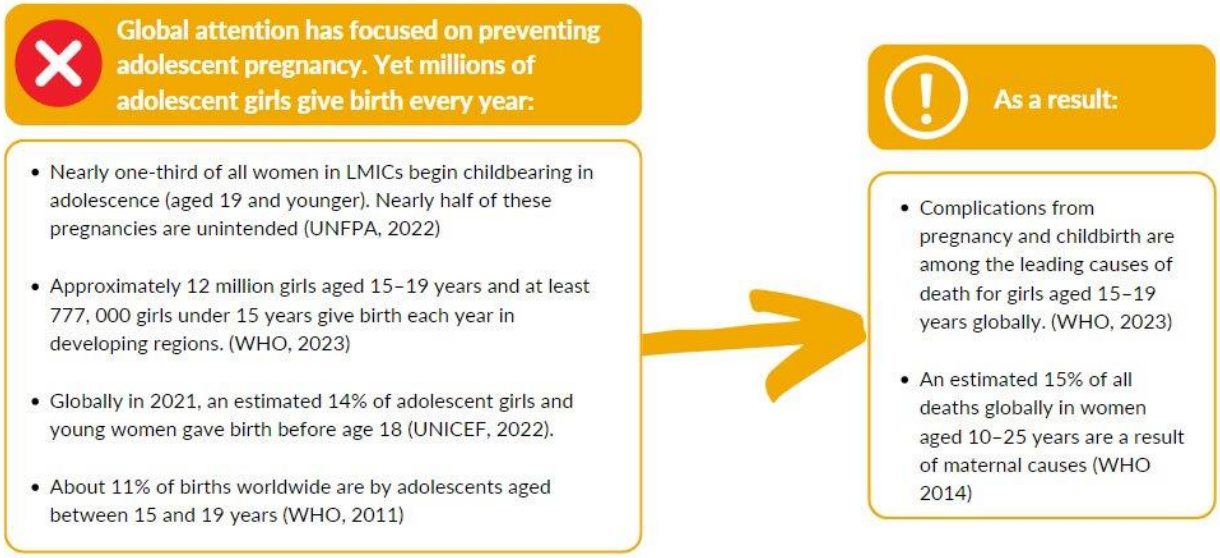
What interventions exist to improve MNH care and reduce social exclusion for pregnant and parenting adolescents.

Background and Rationale

Why turn a spotlight on adolescent MNH

Adolescents and their newborns have higher risk of morbidity and mortality, and face exacerbated barriers to access and use of maternal and newborn health (MNH) services. Even though many pregnancies and deliveries occur among adolescents, MNH efforts are rarely tailored to the needs of adolescents and their newborns.

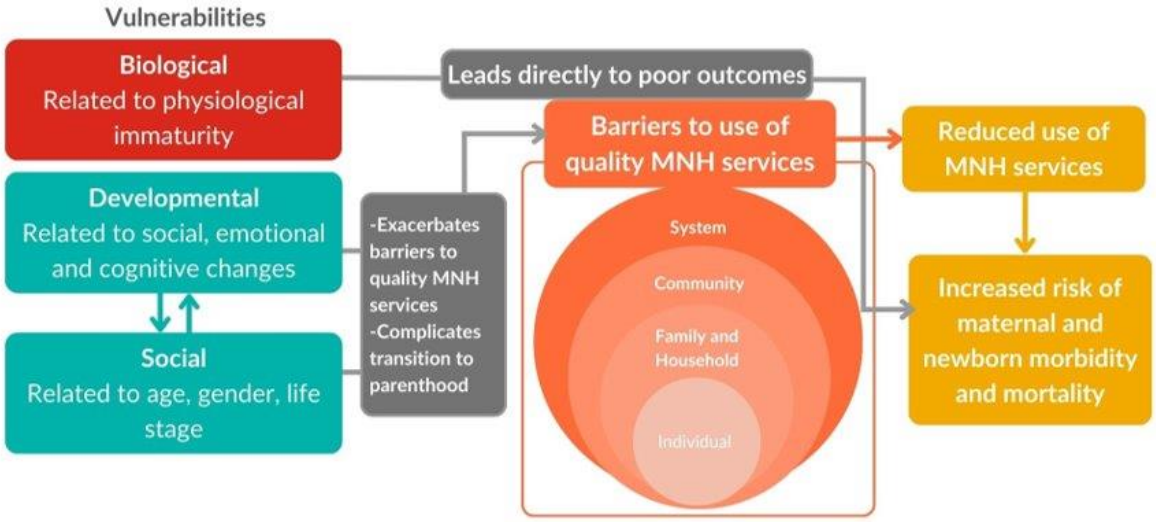


Attention to the needs of pregnant and parenting adolescents is growing slowly and strategies and interventions related to adolescent pregnancy have focused on pregnancy prevention (WHO, 2023). Policy responses have focused on reducing the adolescent birth rate, whereas efforts to support pregnant adolescents have developed more slowly. The opportunity to concurrently ensure provision of high-quality care to pregnant adolescents and mothers has been neglected. (Farnaz, et al. 2023). But there is growing attention being paid to improving access to and quality of maternal care for pregnant and parenting adolescents (WHO, 2023). A standard approach is used in the content and delivery of MNH interventions for adolescents (10-19) and women (20+), regardless of age and MNH clinical guidelines rarely make distinctions based on age. Achieving UHC and SDG goals calls for accelerated action for subgroups for whom progress is lagging like adolescents.

Why are adolescent mothers more vulnerable.

The poorer outcomes for adolescent mothers are well described and are driven by biological, social, and developmental vulnerabilities; as well as health systems factors that impact how these young mothers seek, use, and experience maternal and newborn health (MNH) services. All women experience barriers, but most barriers are exacerbated by the vulnerabilities that adolescents face which contribute to reduced access and of use of quality MNH services and increase risk of maternal and newborn morbidity and mortality among pregnant and parenting adolescents.

Proposed pathway to poor MNH outcomes for adolescent mothers



A standard approach is currently utilized in the content and delivery of care for both adolescent girls and older women during pregnancy, delivery and in the postpartum period. Existing clinical guidelines seldom pay specific attention to adolescents. Increasingly, there is recognition of the need for differentiated care because adolescents have unique vulnerabilities that influence how they demand for, use and experience maternal and newborn health (MNH) services and which, in turn, should influence how care is provided.

Objectives

The objective of the landscape review was to identify existing evidence-informed interventions that focus on adolescent MNH with an eye towards interventions with potential to be scaled.

Specific Objectives

- Mapping of available evidence (published and gray literature) for approaches to increase healthful behaviors, evidence-based practices, and use of key interventions to improve pregnancy, birth, and postnatal outcomes among adolescent mothers.
- Understand the evidence regarding how to facilitate the way adolescents are reached or targeted in MNH programs most effectively and efficiently.
- Understand approaches that have been demonstrated to influence adolescent women/girl's behaviors and practices.
- Identify evidence showing impact on adolescent MNH outcomes.

Methodology

We reviewed English language peer-reviewed and grey literature on adolescent maternal health published from 2008 to 2022. We identified articles through PubMed, search terms in portals/websites as well as recommendation from KIIs. We interviewed eleven key informants who are global experts on MNH and adolescent health and donors, international nongovernmental organization representative and researchers.

Summary of findings

We found that available evidence in literature on what works to improve adolescent MNH targets barriers at different levels of the socio ecological model: individual (interventions aiming to improve MNH knowledge among PPAs), family and community (efforts aiming to create a supportive community environment) and systems (interventions aiming to improve access and use of quality MNH care for PPAs) but was usually based on small scale studies. We only identified and reviewed two randomized controlled trials and no systematic, nation-wide programs were found. We found very little evidence concerning adolescents who face multiple vulnerabilities – such as those engaged in transactional sex or who inject drugs – and become pregnant and very little evidence was found for Francophone West Africa. More interventions were found at the community level and at the facility level rather than at the level of systems or policies. Most examples of interventions at the community level showed improvement in knowledge on importance of accessing facility care and how to be linked to facility care, with limited evidence on how these impacted aMNH outcomes.

Existing Efforts targeting barriers at different levels of the Socio Ecological Model

Efforts targeting barriers at individual level.

We found six studies that highlighted community-based interventions (small group meetings in safe spaces, peer education, group education) with PPA as effective in increasing knowledge of danger signs, essential newborn care and when and how to seek care. Examples were found from Malawi and Ethiopia there were community-based meetings and setting up of adolescent mother support groups with trained facilitators (piloted in Malawi, Kachingwe et al., 2021 and Ethiopia, Born on Time, 2021). Small group curriculum-based sessions for adolescent girls and young women supported by trained local mentors were piloted in Nepal (save the Children, 2020) and peer-to-peer education for adolescent mothers facilitated by Nurses was piloted in Zimbabwe (Tinago et al., 2021).

While not being the main focus of the landscape review, we also identified interventions targeting nulligravida adolescents to improve knowledge of pregnancy signs before pregnancy. There are examples from Mozambique, Ghana and Kenya on community education sessions with non-pregnant adolescents coupling information on menstrual health and early signs of pregnancy (Zandamela et al., 2021, Be Girl, 2019) and small curriculum-based group sessions with nulliparous adolescent girls including information on danger signs and when and how pregnant adolescents should seek care piloted in Nepal by Save the Children in 2020.

Efforts aiming to create a supportive family and community environment.

We found one study on interventions that primarily aimed to create a supportive community environment (opportunity structure) for unmarried teenage mothers and were implemented in Uganda. Interventions focused on community awareness raising, counselling parents and advocacy sessions with community leaders which contributed to supportive community norms towards teenage mothers, and reduced stigma. The implementers prioritized participatory planning with community leaders and other stakeholders, modelling and mobilization of social networks which contributed to creating the supportive community environment for teenage mothers. Counselling for parents increased care for the unmarried teenage mothers and her child; and helped regulate negative emotions resulting from stigma and promoted reconciliation between teenage mothers and parents (Leerlooijer, J.N., 2013)

Efforts targeting barriers at system level.

We identified eleven pilots with interventions that specifically sought to improve access and use of quality MNH care for Pregnant and parenting adolescents. The main outcomes targeted emphasized respectful care, increased number of ANC visits, and increased facility delivery.

We found examples from Madagascar where health care providers were trained and monitored for nonjudgmental and respectful care. (Sewpaul et al., 2021). Small group counseling sessions for pregnant adolescents at health

facility level including group ANC and service provision were piloted in Iran, Mexico and Uganda (Rezale et al., 2021, Mendoza et al., 2018, Akunzirwe et al., 2022). Nurse home visiting programs for pregnant adolescents were piloted in Brazil (Fatori et al., 2021; Alarcao et al., 2021) and Community health worker home visits for adolescent mothers were piloted in Bangladesh, India, El Savado and South Africa (Rahman et al., 2022; Dyalchand et al., 2020) Provision of maternity waiting home especially for adolescents from rural areas was piloted in Zambia ((Lori et al., 2021) and arranging convenient hours, such as after school, with a back entrance to maintain privacy was piloted in Nigeria (Moyer, 2022). We identified notable gaps with adolescents not being specifically addressed in the global MNH guidelines, SOPs, and quality standards we reviewed nor in the country-level guidelines and standards (noting we didn't review every country) and most countries not disaggregating MNH data by age in their HMIS, limiting our understanding of adolescent service seeking at scale.

What is needed to improve adolescent MNH - Potential areas for future research and learning, drawn from landscape review.

More research and learning are needed to understand the impact of existing adolescent MNH interventions implemented at scale. We have gaps in our understanding of some vulnerabilities, how they lead to poorer outcomes, and the implications for intervention i.e. How biological vulnerabilities lead to poor outcomes, and what are service delivery implications, how social and developmental vulnerabilities exacerbate barriers, and how vulnerabilities be mitigated. Improve health worker interactions for non-judgmental care?

We also have gaps in our understanding of how barriers can be feasibly addressed at scale, without creating parallel platforms i.e. Feasible and scalable approaches to (i) improve health worker interactions for non-judgmental care (ii) apply a systems approach to make existing MNH services responsive to the needs and preferences of pregnant and parenting adolescents (iii) tailor MNH counseling and services to account for vulnerabilities (iv) engage families and community structures to support PPAs and create links with facilities (v) shift social norms to improve decision-making power for pregnant and parenting adolescents (vi) improve adolescents' ability to self-identify pregnancy and seek care early

Recommendations

- Deepen understanding of adolescents' biological and social vulnerabilities and MNH care pathways.
- Build on existing evidence to address barriers and support adolescents with the transition to parenthood.
- Develop and test innovations to improve coverage and quality of MNH care for adolescents and their newborns.
- Catalyze attention to pregnant and parenting adolescents and their newborns in MNH investments, partnering with country governments to improve the availability of age-disaggregated MNH data in HMIS, and use of these data to inform decision-making, elevating the voices of the country stakeholders, advocating for adolescent MNH inclusion in global guidelines and catalyzing multi-donor partnerships to increase attention to and resources for adolescent MNH within global and bilateral MNH investments and global funding mechanisms.

Conclusion

Prevalence of adolescent pregnancy remains unacceptably high. Efforts to prevent adolescent pregnancy are urgently needed, alongside attention to the needs of pregnant and parenting adolescents. In many LMIC settings, PPAs and their babies are more vulnerable to poor outcomes than adult mothers. Disparities may stem from underlying vulnerabilities, which likely exacerbate barriers to access to quality, responsive MNH services. Few existing interventions specifically target MNH for PPAs. We still need to know about investments that are needed to advance understanding of the factors leading to poorer MNH outcomes for adolescents and their babies and the feasible, scalable interventions that can address barriers without creating parallel, unsustainable platforms.