



## Adolescent Maternity Care

### Information for the Facilitator

Adolescents are particularly at risk for certain obstetric complications due to their incomplete physical development; the high rate of unwanted or unplanned pregnancy among young girls; their lack of information and preparation concerning pregnancy, childbirth, complications and available health services; and barriers to care-seeking. These complications include:

- Anaemia;
- Abortion;
- Pre-eclampsia
- Prolonged/obstructed labour;
- Premature birth;
- Low-birth weight babies;
- Stillbirth and neonatal death and
- Maternal death.

Adolescents can face obstacles in seeking and accessing services due to policy constraints that restrict their access to services; operational barriers that do not offer services, hours or locations that are convenient for them; lack of information among adolescents concerning their bodies, health risks and available services; lack of money to pay for services; and/or feelings of discomfort in seeking services due to provider attitudes, fear of treatment and/or shame in seeking services.

Barriers to care among adolescents can be reduced by making services more “youth friendly” and providing specialised counselling for adolescent clients. Improving the quality of counselling for adolescents requires providers to incorporate the following skills:

- Active listening
- Attending skills
- Use of encouragers
- Reflection of feelings
- Asking questions

- Summarising information and client-provider communication
- Paraphrasing client responses

This session includes four sections and group activities, preceded by a brief introduction to the topic and session objectives. The first section outlines risks for adolescents in pregnancy and childbirth, the second section describes obstacles that adolescents face in accessing reproductive health services and the third section outlines and describes counselling skills that providers can use specifically with adolescents to improve services and make them more accessible. The final section includes a role-play activity that allows participants to apply the counselling skills they learned.

### **Objectives**

Participants will be able to:

1. discuss the risks specific to adolescent pregnancy,
2. identify obstacles facing adolescent clients to accessing services, and
3. reflect on and practice counselling skills for adolescents.

### **Preparation**

To prepare for the Life-Saving Skills course:

1. Review background literature on adolescent maternity care.
2. Review available qualitative research findings on adolescents' perceptions of pregnancy, maternal health, and facility-based services.

Prior to the Adolescent Maternity Care session:

1. Prepare the following to take to the session:
  - Objectives written on large poster paper or newsprint.
  - Chart on poster paper or newsprint with columns labelled "What" and "Why".
  - Poster paper or newsprint with two columns: "Factors that make Services Easy to Access" and "Factors that make Services Difficult to Access".
  - Seven sheets of poster paper or newsprint, each one labelled with one of the following counselling skills: active listening, attending skills, use of encouragers, reflection of feelings, asking questions, summarising information and client-provider communication, and paraphrasing client responses. The sheets of poster paper or newsprint will be hung around the room.

2. Write the following roles for the role-play sessions on separate pieces of poster paper or newsprint.
- **Role of the Provider:** You are a 35 year-old health care provider in a clinic, and a 15 year-old client who is five months pregnant tells you she has been bleeding for three days. Incorporate into your acting how a health care provider could use counselling skills to help her. You might:
    - Ask questions that are open-ended.
    - Use encouragers and active listening skills to understand her situation.
    - Use attending skills, for example leaning toward the client while listening and nodding your head.
    - Summarise what you hear her say and paraphrase.
  - **Role of the Adolescent:** You are a 15 year-old client who arrives at the clinic appearing about five months pregnant. You have been spotting for three days. Incorporate into your acting how a 15 year-old would behave in such a situation. For example, you may act out:
    - Fear of the provider's harsh treatment.
    - Lack of knowledge regarding pregnancy and childbirth.
    - Unwillingness to tell the health care provider any information.

**Time:** 2 hours and 15 minutes

**Resources:** Appendices 1-4

## Lesson Plan

<b>Life Saving Skills Training</b>			
<b>Adolescent Module</b>			
<b>Objectives: By the end of the session, the participant will be able to:</b>			
1. discuss the risks specific to adolescent pregnancy 2. identify obstacles adolescent clients face to accessing services 3. reflect on and practice counselling skills for adolescents			
<b>Time</b>	<b>Topic</b>	<b>Teaching Methods</b>	<b>Resources</b>
5 mins.	Introduction to session.	Review session objectives.	-Session objectives written on poster paper or newsprint
30 mins	Risks adolescents face in pregnancy and childbearing: <ul style="list-style-type: none"> <li>▪ Types of complications</li> <li>▪ Reason adolescents are at risk</li> </ul>	Facilitator asks participants: <ul style="list-style-type: none"> <li>• To name what types of complications of pregnancy and childbirth for which adolescents are particularly at risk</li> <li>• Why adolescents are at risk</li> </ul> Write down participant responses on the prepared chart. Keep the list general, as the session will go into more detail later on.  Use <b>Appendix 1</b> as a supplementary reference, making certain that important points are mentioned.  To conclude tell participants that the majority of complications adolescents face is a result of their bodies not being fully developed. Because these complications can become obstetric emergencies, adolescent clients need to be welcomed into obstetric services and provided appropriate care specific to their situation.	-Poster paper or newsprint and markers or chalkboard and chalk  -Prepared chart on newsprint or a chalkboard that has columns labelled “what” and “why”  <b>-Appendix 1</b>

Time	Topic	Teaching Methods	Resources
30 mins.	Obstacles adolescents face in accessing reproductive health services.	<p>Facilitator emphasises that young women and girls ages 15-19 are twice as likely, and those under age 15 are five times as likely, to die from childbirth as a result of obstetric complications and emergencies than women in their twenties. High maternal mortality rates among younger women highlights the fact that they urgently need access to obstetric services.</p> <ul style="list-style-type: none"> <li>• Ask the group to brainstorm factors that encourage young people to come to their clinics. Write answers on poster paper or newsprint for everyone to see.</li> </ul> <p>Supplement the list with items from <b>Appendix 2</b>.</p> <ul style="list-style-type: none"> <li>• Ask the group to brainstorm factors that make it difficult for young people to use reproductive health services. Write answers on poster paper or newsprint for everyone to see.</li> </ul> <p>Supplement the list with items from <b>Appendix 3</b>.</p> <p>In conclusion, tell participants that young people often do not seek treatment early enough and may only go to the clinic once circumstances are serious because they do not have adequate information about their bodies, reproductive health, pregnancy and complications during pregnancy, or because they are afraid to go. Consequently, it is important for health care providers to use skills and techniques to welcome adolescent clients to their clinics and to encourage them to seek care. Providers must also bear in mind the unique circumstances of adolescents when treating and counselling adolescent clients.</p>	<p>-Poster paper or newsprint and markers or chalkboard and chalk.</p> <p>-Poster paper or newsprint with columns titled: “Easy to Access” and “Difficult to Access”</p> <p><b>-Appendix 2</b></p> <p><b>-Appendix 3</b></p>

Time	Topic	Teaching Methods	Resources
45 mins.	Examination of counselling skills for adolescent clients.	<p>Facilitator states that it can be challenging to provide care for adolescents given the cultural stigma surrounding youth pregnancy and sexuality, as well as the fact that adolescents may be socially and emotionally different from the adult clients who present at the facility.</p> <p>Facilitator asks group:</p> <ul style="list-style-type: none"> <li>• What are some of your experiences counselling adolescents?</li> <li>• What have you found challenging about counselling adolescents?</li> <li>• What behavioural patterns or tendencies of adolescents and the providers counselling them have you observed ?</li> </ul> <p>Facilitator refers to the counselling skills that are written on poster paper or newsprint, asks group the following questions and paraphrase their answers on poster paper or newsprint:</p> <ol style="list-style-type: none"> <li>1. Can you describe one of the counselling skills?</li> <li>2. What does a health care provider do when using that skill?</li> </ol> <p>If participants are unable to describe counselling skills, refer to <b>Appendix 4</b> and demonstrate or act out the skills to the group. Then you can ask them to describe what they saw you do. Write down a brief description and an accompanying action for each of the counselling skills on the corresponding newsprint.</p> <p>To conclude, emphasise that counselling adolescents and communicating well with them is essential to providing care for adolescents given the unique issues they face.</p>	<p>-Seven sheets of newsprint, each one with a counselling skill written on it, placed around the room</p> <p>-Counselling skills list:</p> <ol style="list-style-type: none"> <li>1. Active Listening</li> <li>2. Attending Skills</li> <li>3. Use of Encouragers</li> <li>4. Reflection of Feelings</li> <li>5. Asking Questions</li> <li>6. Summarising</li> <li>7. Paraphrasing</li> </ol> <p>- <b>Appendix 4</b></p>

Time	Topic	Teaching Methods	Resources
30 mins.	Health care providers practice of counselling skills for adolescent clients.	<p>Facilitator asks for two volunteers to act out a role play in front of the group. The facilitator takes the volunteers outside the room one at a time to give them their instructions separately. Be certain the two actors do not know each other's role.</p> <p>Ask the performers to take 10 minutes to perform.</p> <p>After the performance, ask participants to identify some of the counselling skills used in the role-play. Refer to the newsprint from Activity 3.</p> <p>Conclude: A health care provider can make services accessible to adolescents by using counselling skills so adolescents feel comfortable seeking services. Thus, strong counselling skills are especially important in providing care for adolescent clients. Emphasise how critical it is for a provider to be non-judgmental. The provider should look at every client in terms of, "How can I help this client?" The provider should never look at the client in terms of "what this client has done wrong."</p>	<p>-Poster paper or newsprint from the previous activity</p> <p>-Two sheets of poster paper or newsprint, each labelled with a role. The roles are as follows:</p> <p><b>The provider:</b> You are a 35 year-old health care provider in a clinic and a 15 year-old client who is five months pregnant tells you she has been bleeding for three days. Incorporate into your acting how a health care provider could use counselling skills to help this girl. For example, you might:</p> <ul style="list-style-type: none"> <li>• Ask questions that are open-ended.</li> <li>• Use encouragers and active listening skills to understand her situation.</li> <li>• Use attending skills, such as leaning toward the client while listening and nodding your head.</li> <li>• Summarise and paraphrase what you hear her say.</li> </ul> <p><b>The adolescent:</b> You are a 15 year-old client who arrives</p>

			<p>at the clinic appearing five months pregnant. You have been spotting for three days. Incorporate into your acting how a 15 year-old would behave in such a situation. For example, you may act:</p> <ul style="list-style-type: none"><li>• Fearful of provider's harsh treatment.</li><li>• Unknowledgeable about pregnancy and childbirth.</li><li>• Unwilling to tell the health care provider any information.</li></ul>
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## Facilitator's Notes

### Introduction

Facilitator introduces him/herself and gives an overview of the session and the following sections:

- Objectives;
- Risks facing adolescents in pregnancy and childbirth;
- Obstacles facing adolescents in accessing reproductive health services;
- Counselling skills for adolescent clients;
- Practicing counselling skills for adolescent clients.

### Topic A: Objectives

**Time—5 mins.**

Facilitator shares objectives with participants. Puts a large poster paper or newsprint with objectives on easel for review and reads (or has a volunteer read) the following objectives to the group:

1. To discuss the risks specific to adolescent pregnancy,
2. To identify obstacles facing adolescent clients to accessing services and
3. To examine and practice counselling skills for adolescents.

Facilitator asks participants if they have questions about the objectives.

### Topic B: Risks adolescents face in pregnancy and childbearing

**Time—30 mins.**

#### Activity 1: Brainstorm and Discussion

Facilitator informs the group that even though sexually transmitted infections and HIV/AIDS also have life-long consequences for a young person, the group will only focus on adolescent pregnancy for this activity.

Facilitator asks participants to name:

- the pregnancy- and delivery-related complications for which adolescents are particularly at risk and
- the reasons adolescents are specifically at risk for such complications.

Facilitator writes down participants' responses (in brief) on newsprint and supplements this list with information included in Appendix 1. Facilitator concludes that the majority of complications that adolescents face are a result of their bodies not being fully developed until they reach about 18-20 years of age. These complications can become obstetric emergencies and may ultimately cause disability or mortality. To reduce their risk of developing, or dying from, complications, adolescent clients need to be welcomed into obstetric services and provided appropriate care specific to their situation.

**Topic C: Obstacles facing adolescents in accessing reproductive health services**  
**Time—30 mins.**

Brainstorm and Discussion

Facilitator emphasises that young women and girls ages 15-19 are twice as likely, and those under age 15 are five times as likely, to die from childbirth as a result of obstetric complications and emergencies than women in their twenties. These statistics reveal the need for accessible obstetric services sensitive to the needs of adolescents.

Facilitator asks the group to brainstorm factors that encourage young people to come to their clinics and writes down responses on poster paper or newsprint. Participant responses can be supplemented with information from **Appendix 2**.

Facilitator asks the group to brainstorm what makes it difficult for young people to use reproductive health services and writes down the responses on a separate poster paper or newsprint. Participant responses can be supplemented with information from **Appendix 3**.

Facilitator concludes by emphasising that young people often do not seek treatment early enough and may only go to the clinic once the situation is serious because they do not have adequate information about their bodies, reproductive health, pregnancy and complications during pregnancy, or because they are afraid to go. Consequently, it is important for health care providers to use skills and techniques to welcome adolescent clients to their clinics and to encourage them to seek care. Providers must also bear in mind the unique circumstances of adolescents when treating and counselling adolescent clients.

**Topic D: Counselling Skills for Adolescent Clients**  
**Time—45 mins.**

Brainstorm and Discussion

Facilitator tells the group that it may be challenging to provide care for adolescents given the cultural stigma surrounding youth pregnancy and sexuality and the different stages of social and emotional development that adolescents go through.

Facilitator asks participants to:

- Share some of their experiences in counselling adolescents.
- Explain what they found challenging about counselling adolescents.
- Describe the patterns or tendencies they have observed in adolescents and in providers counselling adolescents.

Facilitator then asks the participants to:

- Describe each of the counselling skills they see on the poster paper or newsprint hanging around the room.
- Describe what a provider does when she uses that skill.

If the participants are unable to answer any of the questions or define counselling skills, facilitator can refer to **Appendix 4** and demonstrate each of the skills. The facilitator can then ask participants to describe the skill and what actions were taken. Facilitator writes a brief description of each skill on the corresponding newsprint.

Facilitator concludes that counselling adolescents and communicating well with them is essential to providing quality care for adolescents given their unique circumstances.

**Topic E: Practicing counselling skills for adolescents**  
**Time—30 mins.**

Role Play

The facilitator asks for two volunteers to act out a role play in front of the group. Facilitator takes the volunteers outside the room, one by one, and explains the role to each volunteer separately to ensure the actors do not know each other's roles. The roles are:

- **The role of the provider:** You are a 35 year-old health care provider in a clinic and a 15 year-old client who is five months pregnant tells you she has been bleeding for three days. Incorporate into your acting how a provider could use counselling skills to help her. For example, you might:
  - Ask questions that are open-ended.
  - Use encouragers and active listening skills to understand her situation.
  - Use attending skills of leaning toward the client while listening and nodding your head.
  - Summarise what you hear her say and paraphrase.
- **The role of the adolescent:** You are a 15 year-old client who arrives at the clinic appearing five months pregnant and has been spotting for three days. Incorporate into your acting how a 15 year-old would behave in such a situation. For example you may act::
  - Fearful of provider's harsh treatment.
  - Unknowledgeable about pregnancy and childbirth.
  - Unwilling to tell the health care provider any information.

The facilitator tells the actors they have ten minutes to perform the role-play.

Facilitator asks the participants to identify some of the counselling skills that were used in the role play and refers to the poster paper or newsprint from Activity 3 that list the counselling skills. The facilitator supplements participants' answers if they neglect to mention any of the counselling skills portrayed in the role-play. Facilitator emphasises that the following skills are useful in dealing with adolescents:

- Asking questions
- Active listening
- Use of encouragers
- Reflection of feelings
- Attending skills
- Summarising
- Paraphrasing

## **Topic F: Wrap Up**

**Facilitator concludes that health care providers can make services accessible to adolescents by using these counselling skills to make adolescents feel comfortable seeking and receiving services. Counselling services are a significant part of providing care for adolescent clients. Facilitator emphasises the importance of providers remaining non-judgemental when treating and counselling adolescents. When treating and counselling adolescents, providers should ask themselves, “how can I help this client?” rather than thinking, “what has this client done wrong?” or “what should this client have done differently?”.**

## 1. APPENDIX 1

<b>What</b>	<b>Why</b>
<b>Anaemia</b>	A high proportion of teenagers are anaemic before they are pregnant due to poor nutrition and chronic malaria.
<b>Abortion</b>	The majority of teenage pregnancies are unplanned, unwanted, and come as a complete shock. Many teenagers attempt to terminate their pregnancies for these reasons.
<b>Pre-eclampsia</b>	Adolescents are less likely to know signs and symptoms of pre-eclampsia, putting them at an even greater risk for the disease to advance and become eclampsia.
<b>Prolonged Labour / Obstructed Labour</b>	The pelvis does not fully develop until a person reaches 18-20 years of age.
<b>Premature Birth</b>	Premature birth is related to the following conditions: poor maternal nutrition, infection and pre-eclampsia. Adolescents are at risk for all these conditions.
<b>Low-birth weight babies</b>	Many low birth weight babies are born to adolescent mothers because adolescents often have poor nutrition.
<b>Stillbirth and neonatal death</b>	Adolescents often lack knowledge of pregnancy, labour and caring for a newborn.
<b>Maternal Death</b>	Adolescents experience the following barriers to seeking services: feelings of discomfort, lack of financial resources to pay for services and clinic services that are not youth friendly and lack adequate information. Young women and girls ages 15-19 are twice as likely to die from childbirth as women in their 20s; those under age 15 are five times as likely to die.

## APPENDIX 2

<b>Factors that Increase the Accessibility of Services:</b>
<b>Provider Attitudes</b> <ul style="list-style-type: none"><li>• Positive attitudes of providers and other adults toward youth seeking services.</li><li>• Providers who take seriously young peoples' need for services.</li><li>• Providers who recognise that adolescents are sexually active and who try to understand that young people find themselves in difficult situations at times.</li></ul>
<b>Facility and Logistics</b> <ul style="list-style-type: none"><li>• Facilities located in areas accessible to young people.</li><li>• Privacy at facilities and youth-only designated spaces.</li><li>• Signs outside that announce that youth are welcome.</li></ul>
<b>Services and Programs</b> <ul style="list-style-type: none"><li>• Provision of payment plans or free services to youth.</li><li>• Variety of reproductive health services for young people offered at one site.</li><li>• Drop-in or walk-in services.</li><li>• Linkages between education, programs and services for young people.</li></ul>

## APPENDIX 3

<b>Factors that Make Services Difficult to Access:</b>
<b>Policy constraints</b> <ul style="list-style-type: none"><li>• Laws that restrict access.</li><li>• Clinics/health staff members establish their own policies that become obstacles for adolescents seeking care. For example, even where no formal restrictions exist, many health workers refuse or are reluctant to provide services to unmarried young people or require parental consent before providing services.</li></ul>
<b>Operational barriers</b> <ul style="list-style-type: none"><li>• Adolescents come at times outside of normal business hours.</li><li>• Adolescents have little free time.</li><li>• Adolescents lack modes of transportation.</li><li>• Facility have inconvenient hours of operation.</li></ul>
<b>Lack of information and money</b> <ul style="list-style-type: none"><li>• Poor understanding of their changing bodies and needs.</li><li>• Insufficient awareness of pregnancy and STI risks.</li><li>• Little knowledge of what services are available.</li><li>• Lack of knowledge about reproductive health service locations.</li><li>• Lack of income source independent of parents.</li></ul>
<b>Feelings of discomfort</b> <ul style="list-style-type: none"><li>• Adolescents' belief that services are not intended for them.</li><li>• Concern that the staff will be hostile or judgmental.</li><li>• Fear of medical procedures and contraceptive methods, including side effects.</li><li>• Concern about lack of privacy and confidentiality.</li><li>• Fear that their parents/peers might learn of the visit.</li><li>• Embarrassment at needing or wanting reproductive health services.</li><li>• Shame, especially if the visit follows sexual coercion or abuse.</li></ul>

## APPENDIX 4

Skill	Description	Action—what one does when using the skill
Active listening	Active listening means sitting with the client, paying attention to her/him, and making sure you are not doing something else at the same time or getting interrupted during the counselling session. Active listening shows clients that you are paying attention to them and encourages them to express themselves. It shows that the client has your undivided attention.	<p><u>Eye contact</u>: Maintain eye contact with the client to show that you are paying attention to them and to what they are saying.</p> <p><u>Body language</u>: Body language sends many messages:</p> <ul style="list-style-type: none"> <li>• <b>Distance</b>: Sitting too far away from a client indicates a lack of interest or concern for the client and makes it difficult to maintain eye contact. However, sitting too close can also make the client uncomfortable, especially if the client is of another sex or if sitting close is not customary in the client’s cultural practices.</li> <li>• <b>Trunk</b>: Lean towards the client to show them you are paying attention.</li> <li>• <b>Gestures</b>: Hand gestures communicate your attitudes towards the client. Make sure that you do not use gestures that are dismissive or judgmental.</li> <li>• <b>Facial expressions</b>: Facial expressions reveal attitudes and feelings, and will quickly show the client if you are annoyed or irritated with them. Try to maintain a friendly, positive, open and caring facial expression.</li> </ul> <p>Vocal qualities: Speak in a medium tone so that the client can hear but people outside the counselling space cannot. If you speak too low, the client might have trouble hearing you. However, speaking in high tones might signal anger or irritation.</p>
Attending skills	Attending skills show the client that you are really paying attention to her/him and that you care about them.	See active listening skills.
Use of encouragers	Encourage the client to continue talking by using verbal and non-verbal	Verbal encouragers include saying “Yes,” “Go on,” “I see” and “mm, hmm.” Non-verbal encouragers include nodding the head.

	encouragers.	
<b>Reflection of feelings</b>	When the client has expressed a feeling or a fact (i.e., an intention to do something) and then stops speaking, reflection can help the client to continue talking.	For example, the provider can say, "It seems you are upset with what has happened..." or "It seems that you are planning to do_____." Reflection also shows the client that you have been listening and paying careful attention. It also provides an opportunity for the client to correct you if you have misunderstood what she/he was saying.
<b>Asking questions</b>	The manner in which the provider asks questions greatly affects the amount of information the client provides. When the provider uses close-ended questions (questions that require a "yes" or "no" answer), the client is not encouraged to talk.	Examples of close-ended questions include: "Did you say your name was _____?" <b>Open-ended questions</b> begin with either "How" or "What" and encourage the client to give descriptive information or answers to the questions. <b>Probing questions</b> are questions that follow-up on something the client has just said to get more information. For example, if the client has said that she has been experiencing some spotting and the provider wants to know more, the provider can re-use what the client has just said: "You said that you have had some bleeding. How did it start? What happened?"
<b>Summarising</b>	After hearing what the client says, the provider can repeat back the key points to the client. This will provide the client with an opportunity to correct any misunderstandings.	For example, "To summarise what we have discussed today..."
<b>Paraphrasing</b>	To paraphrase, the provider puts into her own words what the client has said, picking out the most important and relevant information.	For example, "So, I heard you say that you have missed your menstrual period for three months?"