

Fulfillment of Models of Prenatal Care in Adolescents from Mexico and Chile

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Abstract : For years, the Pan American Health Organization/World Health Organization and other organizations have made efforts to improve access and the quality of prenatal care as part of comprehensive programs for maternal and neonatal health, the standards of care have been renewed in order to migrate from a medical perspective to a holistic perspective. However, despite the efforts currently antenatal care models have not been verified by a scientific evaluation in order to determine their effectiveness. The teenage pregnancy is considered as a very important phenomenon since it has been strongly associated with inequalities, poverty and the lack of gender quality; therefore it is important to analyze the antenatal care that's been given, including not only the clinical intervention but also the activities surrounding the advertising and the health education. In this study, the objective was to describe if the previously established activities (on the prenatal care models) are being performed in the care of pregnant teenagers attending prenatal care in health institutions in two cities in México and Chile during 2013. Methods: Observational and descriptive study, of a transversal cohort. 170 pregnant women (13-19 years) were included in prenatal care in two health institutions (100 women from León-Mexico and 70 from Chile-Coquimbo). Data collection: direct survey, perinatal clinical record card which was used as checklists: WHO antenatal care model WHO-2003, Official Mexican Standard NOM-007-SSA2-1993 and Personalized Service Manual on Reproductive Process- Chile Crece Contigo; for data analysis descriptive statistics were used. The project was approved by the relevant ethics committees. Results: Regarding the fulfillment of interventions focused on physical, gynecological exam, immunizations, monitoring signs and biochemical parameters in both groups was met by more than 84%; the activities of guidance and counseling pregnant teenagers in Leon compliance rates were below 50%, on the other hand, although pregnant women in Coquimbo had a higher percentage of compliance, no one reached 100%. The topics that less was oriented were: family planning, signs and symptoms of complications and labor. Conclusions: Although the coverage of the interventions indicated in the prenatal care models was high, there were still shortcomings in the fulfillment of activities to orientation, education and health promotion. Deficiencies in adherence to prenatal care guidelines could be due to different circumstances such as lack of registration or incomplete filling of medical records, lack of medical supplies or health personnel, absences of people at prenatal check-up appointments, among many others. Therefore, studies are required to evaluate the quality of prenatal care and the effectiveness of existing models, considering the role of the different actors (pregnant women, professionals and health institutions) involved in the functionality and quality of prenatal care models, in order to create strategies to design or improve the application of a complete process of promotion and prevention of maternal and child health as well as sexual and reproductive health in general.

Keywords : adolescent health, health systems, maternal health, primary health care

Conference Title : ICRHFP 2018 : International Conference on Reproductive Health and Family Planning

Conference Location : London, United Kingdom

Conference Dates : March 15-16, 2018