



Supporting Teenagers with Education, Mothering and Mentoring (STEMM): A reflection of identified barriers to equitable obstetric health care and discussing strategies for change.

Dr Grace Hannan
STEMM Program | Burnside State High School, Nambour, QLD



BACKGROUND

- Teenage pregnancy is a significant modern obstetric health issue associated with poor maternal and neonatal health outcomes (1,2).
- Health inequities in teenage mothers are often associated with intergenerational social disadvantage that require appropriate awareness, policy change and funding to minimise further subsequent inequity (1,2).
- Teenage mothers, particularly from regional/remote environments, are more likely to present late for antenatal care and have diseases of pregnancy due to barriers accessing primary health care (1,2,3).
- Teenage mothers have higher rates of poor mental health and short interpregnancy intervals which can be associated with ongoing disadvantage due to financial insecurity and low educational attainment (1,2).
- The STEMM program is a specialised educational program tailored to the needs of pregnant teenagers living on the Sunshine Coast, QLD. It offers a safe and non-judgemental community for young mothers to gain mentorship, support and educational opportunity to improve their employability financial independence and further life skills (4).

AIMS & OBJECTIVES

1. The primary aim is to identify key barriers which restrict participant access to engaging with and receiving appropriate antenatal, intrapartum and post-partum obstetric care.
2. The secondary aim is to utilise participant feedback to produce targeted implementation strategies to mitigate such barriers to establish equitable care.

METHODS

- A qualitative observational study was undertaken at the Supporting Teenagers with Education, Mothering and Mentoring (STEMM) program in Sunshine Coast, QLD.
- Twenty participants between the ages of 13- 24 whom were both pregnant and post-partum were involved in a semi-structured group discussion weekly over a 12-month period between June 2021 and June 2022 until a saturation in themes was observed.
- Qualitative data underwent descriptive analysis to identify dominant themes for discussion.

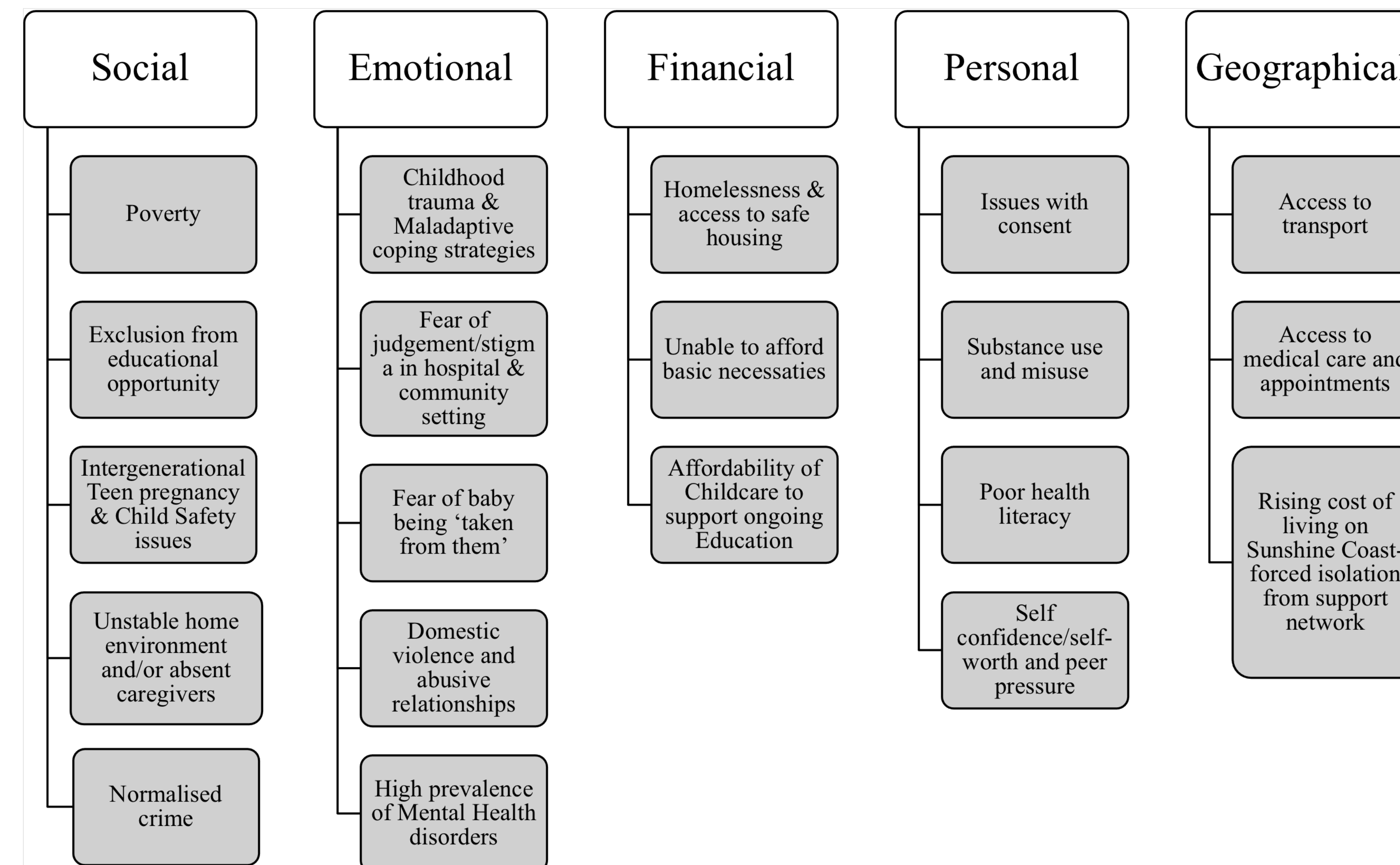


RESULTS

' I self discharged straight after I had the baby. I know I needed the help with breastfeeding, but they all just judge you for being so young. They just assume you won't be a good mother'

' I feel so sick and dizzy all the time. Apparently, I have low iron and my baby is small because I'm not really eating at the moment- food is so expensive. The Landlord keeps increasing the rent and is threatening to cut off the power to the property. I often get my food at STEMM, but I can't afford the iron tablets'

' I really don't want to have another baby, but my partner won't let me take the pill. He says it makes me crazy. I want to get the 'bar' (Implanon) but there is no where bulk billing that does it and the sexual health clinic said it'll cost me \$60. I can't afford that. The hospital can't do it in their outpatient clinic either'



' As soon as I got out of hospital, my boyfriend forced me to have sex with him straight away. It was just so so sore'

' When I found out I was pregnant and I was going to keep it, my school took me aside in private and said maybe I should leave because it made the school look bad. They never made the father leave. He got to graduate.'

' Last week I paid for an UBER to the hospital because I couldn't feel the baby move. It happened a few more times but I didn't go. I can't afford to keep catching UBER's and I never know how long I'm going to be there, so I can't really take the bus.'

' I loved joining STEMM because I get to catch up with the girls every day who are going through the same things as me. I don't really have anything in common with my other friends anymore. It's also nice to have someone mind your baby so you can feel like a normal teenager again for a moment'

CONCLUSIONS

- Pregnant teenagers are a vulnerable and unique population in obstetric health care.
- Effective and holistic interventions are required to address health issues for the pregnant teenager at the patient, family, community and government level.
- This study has identified 6 key areas requiring attention and policy change to promote equitable care and to alleviate the burden of intergenerational poverty and discrepancies in health care outcomes for pregnant teenagers.
- The STEMM program provides a unique well-rounded support network for pregnant teenagers and young mothers on the Sunshine Coast, which has demonstrated improved equity in antenatal care as evidenced by participant interview (4).

ACKNOWLEDGEMENTS

A huge thank-you to the staff and participants of the STEMM program, for your support, friendship and the opportunity to be involved in such an inspiring and empowering community.

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DISCUSSION & STRATEGIES FOR CHANGE

Continuity of Care:

- Involvement in MGP/community midwife program
- Additional antenatal education to alleviate fear and empower women to make informed choices.
- Consistent provider in antenatal clinic e.g. Regular Reg/SMO with longer consultation times.
- Where possible, requests for female medical staff are facilitated, particularly in victims of DV/previous sexual assault.
- Utilisation of Student midwife or doctor to volunteer time working with patients antenatally, with the aim to be present for delivery (reduce fear of labour and birth with patient advocacy in hospital settings and a familiar face).
- Access to affordable contraception before discharging hospital.

Access to transport

- Where possible, access to all required services in one location to minimise transport requirements e.g. STEMM program bus transfers.
- School doctor who can facilitate confidential and non-judgemental access to contraception (including long-acting reversible methods), sexual health and termination services.
- Increased availability of telehealth or mobile services e.g. rural outreach clinics.
- Subsidised driving lessons to facilitate skills and independence.
- Financial support/bursaries or interest free loans to fund ownership of a safe vehicle.
- Sourcing of 'work from home' employment opportunities minimising burden of geographical isolation and requirement for transport.

Financial Assistance:

- Local council, state and national government financial assistance towards transport, housing, subsidised/funded medical care.
- Partnerships with local services e.g. funded first aid training, financial advisor, legal advice, bulk billing medical clinics.
- Local program financial support e.g. Zonta clubs, local hospitals/universities, Red cross, Salvation Army.

Housing and domestic violence support

- Financial assistance (above) to facilitate safe, appropriate and local housing arrangements.
- Access to 24hr DV support e.g. support numbers/services, safe house.
- Education e.g. guest speakers/online workshops in schools to support healthy relationships, legalities of consent and boundary setting.

Prioritisation of ongoing educational attainment:

- Legal obligations for schools to support ongoing education of pregnant youth including tailored access to appropriate services/needs e.g. breast-feeding room/breaks, catch-up online education for missed classes.
- Partnerships with local TAFE's/Universities/State education groups to financially support further education.
- Improved access to distance education and transition to tertiary practice programs to bridge into university for those with incomplete high-school certificates.
- Funded short-course training to increase employability in short term whilst undertaking further education e.g. Barista courses, Life Guard certificates, Beauty certificates, Personal training etc.

Mothercraft support:

- Extended Midwifery Support Services/Maternal child health nurse visits e.g. Breastfeeding, PND support
- Routine hospital offer for extended stay in vulnerable populations.
- Access to education/ community mentorship e.g. parenting classes, cooking classes, virtual mothers group for teenage mothers.

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