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LIVED EXPERIENCES OF MIDWIVES AND TRADITIONAL BIRTH ATTENDANTS CARING FOR PREGNANT TEENAGERS AND TEENAGE MOTHERS: A PHENOMENOLOGICAL STUDY

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Background Teenage mothers are confronted with the double task of passing through the teenage phase and, at the same time, familiarizing themselves with the requirements of motherhood. The characteristics connected with the teenage stage mostly affect the capability of teenage mothers to adapt to the role of being a first-time mother. The essential role of midwives is to provide care for women during pregnancy and motherhood, through coaching, reassurance, supervision and social support. Traditional Birth Attendants (TBAs) are also valued as essential actors in maternal health, providing social support and other antenatal, intrapartum and postnatal care in developing countries. The study aimed to explore a deeper understanding of the lived experiences of midwives and traditional birth attendants in caring for pregnant teenagers and teenage mothers.

Methods A descriptive phenomenological framework based on a lifeworld approach was used, with in-depth interviews as the method of data collection. The setting of the study was a municipal hospital and the seven districts in the Hohoe municipality, Ghana. Six midwives and six TBAs aged 37 to 59, with experience in caring for pregnant teenagers and teenage mothers, were interviewed. Data collected from the midwives and the TBAs was analyzed using Giorgi's data analysis process.

Results The general structure of the phenomenon can be described in two main themes with four sub-themes. The first main theme, 'The midwife and the traditional birth attendant as being the mother figure', included 'Emotional and financial support', and 'Creating trust and rapport'. The second main theme, 'The frightened teenage woman', included 'Unprepared: not ready for pregnancy and motherhood' and 'Unsupported: relationship with parents'.

Conclusion The midwives and traditional birth attendants played the role of being a mother to these teenagers by creating trust and supporting them financially. The teenagers were not prepared for pregnancy and motherhood, and that some parents did not create good relationships with their daughters. The study has the potential to increase knowledge and understanding of midwives and TBAs' lived experience of caring for teenagers during pregnancy and early motherhood and therefore has implications for practice, education, and research.

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TRENDS, WEALTH INEQUALITIES AND THE ROLE OF THE PRIVATE SECTOR IN CAESAREAN SECTION IN THE ARAB REGION: A REPEAT CROSS-SECTIONAL ANALYSIS OF POPULATION-BASED SURVEYS

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Background The Arab region has some of the highest caesarean section rates globally; however, trends and inequalities have not been explored regionally. This study aimed to examine the trends of caesarean section and describe variations in caesarean section by economic status and type of healthcare facility (private/public sector).

Methods This was a secondary data analysis of the two most recent (2006–2018) demographic and health surveys (DHS) or multiple indicator cluster surveys (MICS) for eight countries in the Arab region (Algeria, Egypt, Iraq, Jordan, Qatar, Tunisia, State of Palestine and Yemen). DHS/MICS are nationally representative household surveys; the sampling frame includes area units across the entire country, and employs a multi-stage stratified cluster sampling procedure, to provide a sample population of women aged 15–49 years who had a live birth in the preceding two years. The outcome was caesarean section at last birth. Temporal trends were calculated using generalised linear models and presented as risk differences (RD) with 95% confidence intervals (95% CI). Caesarean section was disaggregated against household wealth index and type of healthcare facility (private/public sector) and presented using equiplots. Analyses accounted for the complex sampling design and were conducted using STATA (v.15).

Results In the most recent survey, use of caesarean section ranged from 57.3% of births (95% CI: 55.6–59.1%) in Egypt to 5.7% of births (95% CI: 5.0–6.6%) in Yemen. Overall, the use of caesarean section has increased across the Arab region with the exception of Jordan, which had no statistically significant change during 2012–2018 shown by an RD of -3.0% (95% CI: -7.4–1.4%). Within all Arab countries, caesarean section use was highest in the richest quintile compared to the poorest quintile, for example in Iraq: 47.6% (95% CI: 41.4–54.0%) vs. 27.7% (95% CI: 24.5–31.1%), respectively. Caesarean section use was higher in private sector facilities compared to public sector: 70.2% (95% CI: 68.2–72.1%) vs. 50.8% (95% CI: 47.6–54.1%) in Egypt, and 21.9% (95% CI: 18.1–26.1%) vs. 15.7% (95% CI: 13.3–18.4%) in Yemen, respectively. Excluding Egypt, there was a larger absolute number of births in public sector facilities compared to private sector facilities.

Conclusion Variations in the use of caesarean section exist within and between Arab countries, and it was unequally distributed amongst the richest quintiles and private healthcare facilities. The self-reported nature of the data is a notable limitation. The private sector has a prominent role in the observed trends; however, moderate increases in the use of caesarean section within the public sector will result in a larger absolute increase nationally. Urgent policies and interventions are required to address non-medically indicated caesarean sections.

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BARRIERS AND FACILITATORS FOR PRECONCEPTION PLANNING AMONG WOMEN IN THE UNITED KINGDOM: A RAPID REVIEW

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Background Preconception planning enables women to optimize preconception health thereby reducing the risk of poor maternal and neonatal outcomes. Awareness and practice of