Afghan Arrivals: Pre- and Post-Natal Care

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Moderator:
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**Soma Yousofi, RN, MD** *(she/her)*
- Pre-Post Natal Facilitator, International Rescue Committee (IRC).
- Former teaching assistant, Maternal and Child Health Department at Kabul University of Medical Science; member of curriculum, quality assurance, and research committee of Nursing and Midwifery Department.

**Shoshana Aleinikoff, MD** *(she/her)*
- Specialty Director of Refugee and Immigrant Health; HealthPoint, a community health center network in Washington State.
- Practices family medicine and OB care; majority of her practice is refugee and immigrant patients, and she has created innovative programming with the communities she works with, including refugee clinics, and centering pregnancy for newly arrived refugees.
- Published and presented nationally on refugee primary care and these models of care.
Learning Objectives

- Describe two to three traditional Afghan practices before, during, and after pregnancy and explain variation among Afghan practices.

- List three challenges that Afghan newcomers face post-arrival that can impact pregnancy care and outcomes.

- Name two practices that have been successful in supporting Afghan newcomers during and after pregnancy at a system level and two practices at a provider or case worker level.
Outline

▪ General Information
▪ Overview of Maternal and Child Health in Afghanistan
▪ Being pregnant in Afghanistan
▪ Giving birth in Afghanistan
▪ Traditional practices among people
▪ Tips for OB Care for Afghan arrivals in the U.S.
General Information

- **Population:** 38,928,346
  - Rural 75%
  - Urban 25%
- **Literacy Rate** 37.27%
- **Life expectancy:** 66 years
  - Males: 67.6 years
  - Females: 64.5 years

Sources:
- Worldometer: Afghanistan Demographics 2020 (www.worldometers.info/demographics/afghanistan-demographics/)
- Macrotrends: Afghanistan Literacy Rate 1979-2022 (www.macrotrends.net/countries/AFG/afghanistan/literacy-rate)
Overview of Maternal and Child Health in Afghanistan

Improvement in maternal and child health

- Higher use of contraceptive
- Lower fertility
- Better immunization coverage
- Improvement in the percentage of women delivering in health facilities receiving antenatal and post-natal care

UNICEF Data Warehouse: Afghanistan Infant mortality rate

UNICEF Data Warehouse: Afghanistan Maternal mortality ratio (number of maternal deaths per 100,000 live births)
Challenges

Improvement in maternal and child health

- War and political instability
- Poverty
- Low literacy rates (especially in rural areas)
- Disparity access to health services
- Shortage of health workers (female, especially in rural areas)
Use of Contraceptives

Contraceptives usage is low

- Use of modern contraceptive
- Periodic rhythm (mostly by educated women)
- Lactation Amenorrhea Method (educated and uneducated women)
- Withdrawal (educated and uneducated women)
Maternal health care is provided by doctors, midwives, nurses and community health workers for free at all public facilities.

Antenatal Care (ANC) – at least 4 visits

Women attend antenatal health care visits only if they feel unwell

Factors that influence ANC:

- Cultural-barrier (rural areas)
- Transportation
- Education
- Financial difficulties
Giving Birth in Afghanistan

Hospital/Clinic
  ▪ Public
  ▪ Private

Normal delivery vs C-section

Home
  ▪ In rural areas
  ▪ Midwives
  ▪ Elder women
Traditional Practices among People in Afghanistan during Pregnancy

- The expectant mother eats mostly the same food as her family except camel meat
- Cold and hot food products
  - Cold: vegetable, fruit, fish and dairy products
  - Hot: cereal products, cinnamon and ginger
- Lifting heavy things are forbidden
- Placing the women’s hand in a bowl of flour when the delivery is near
- **Different beliefs among people:**
  - Apple and pomegranate (believe that child will be beautiful)
  - Yoghurt & cold water (big eyes)
During pain:

- Soaking an herb (*Panje BeBe*) in water then drinking the water
Traditional Practices among People in Afghanistan Post-Natal, cont’d, 3

- Burial of placenta (less common nowadays)

- **Bathing of mother and Baby:**
  - Baby – 1<sup>st</sup> day or 3<sup>rd</sup> Day
  - Mother – 3<sup>rd</sup>, 10<sup>th</sup>, 20<sup>th</sup> and 40<sup>th</sup> days/ 3<sup>rd</sup>, 20<sup>th</sup>, 40<sup>th</sup> days/ or 3<sup>rd</sup>, 7<sup>th</sup>, 10<sup>th</sup> … 40<sup>th</sup> days
  - Day 40<sup>th</sup> bathing – put 40 wheat, (some people take 40 raisins too) in water,

- **Seclusion of mother**
  - Standard is 40 Days, but it is more varied
  - Rest, sleep
  - Special and separate meals
  - Usually, men are not allowed to visit postpartum women

- **Diet**
  - Perceptions regarding characteristics of different foods (cold and hot)
  - Lettee or halwa (sweet dishes make from flour, oil and sugar) and yellow oil (melted butter)
  - Eggs, soup, chicken, lamb or mutton, soft rice
  - Avoid eating beef, goat, beans, peas, pickles, pepper, onions, watermelon, melon, cold water, sour milk and yoghurt
Traditional Practices among People in Afghanistan Post-Natal, cont’d, 4

▪ Before starting breastfeeding:
  o Attaching gold or silver ring in baby’s mouth
  o Placing a grain of soil
  o Big leaf on the breast to produce milk

▪ An amulet mostly with holes – attaches to the swaddling cloth

▪ Lining baby’s eyes with black antimony (Surma) and drawing eyebrows
Tips for OB Care for Afghan Newcomers

Dr. Shoshana Aleinikoff
Background
Tips for OB care for Newcomers from Afghanistan: The “first visit”

- Use interpreters (Dari not Farsi, Pashto, female when possible)
- Female provider, maintain modesty
- Ask for any medical records
- Tips for taking a history
- Ensure access to all services/resources
- Access health literacy and literacy
Tips for OB care for new arrivals from Afghanistan: Ongoing Care and Preparing for Birth

- Explain pharmacy process and refill system
- Explain multiple locations of care (hospital, clinic, ultrasound)
- Birth Preparation
  - A new birth experience
  - Expanded birth plan
- Refer to intensive case management programs when available
- Emphasize importance of routine care, including newborn care
- Talk about family planning
Tip: Lead

Table 1. Screening recommendations for all newly arrived refugee infants, children, adolescents, and pregnant and lactating women and girls

<table>
<thead>
<tr>
<th>Recommended Screening Measures</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial lead exposure screening with blood test</td>
<td>• All refugee infants and children ≤ 16 years of age</td>
</tr>
<tr>
<td></td>
<td>• Refugee adolescents &gt; 16 years of age if there is a high index of suspicion, or clinical signs/symptoms of lead exposure</td>
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<tr>
<td></td>
<td>• All pregnant and lactating women and girls*</td>
</tr>
</tbody>
</table>

Table 1.

<table>
<thead>
<tr>
<th>Venous Blood Lead Level* (micrograms/dL)</th>
<th>Perform Follow-up Test(s)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5</td>
<td>• None (no follow-up testing is indicated)</td>
</tr>
<tr>
<td>5–14</td>
<td>• Within 1 month</td>
</tr>
<tr>
<td></td>
<td>• Obtain a maternal blood lead level or cord blood lead level at delivery</td>
</tr>
<tr>
<td>15–24</td>
<td>• Within 1 month and than every 2–3 months</td>
</tr>
<tr>
<td></td>
<td>• Obtain a maternal blood lead level or cord blood lead level at delivery</td>
</tr>
<tr>
<td></td>
<td>• More frequent testing may be indicated based on risk factors</td>
</tr>
<tr>
<td>25–44</td>
<td>• Within 1–4 weeks and then every month</td>
</tr>
<tr>
<td></td>
<td>• Obtain a maternal blood lead level or cord blood lead level at delivery</td>
</tr>
<tr>
<td>45 or more</td>
<td>• Within 24 hours and then at frequent intervals depending on clinical interventions and trend in blood lead levels</td>
</tr>
<tr>
<td></td>
<td>• Consultation with a clinician experienced in the management of pregnant women with blood lead levels in this range is strongly advised</td>
</tr>
<tr>
<td></td>
<td>• Obtain a maternal blood lead level or cord blood lead level at delivery</td>
</tr>
</tbody>
</table>

*Venous blood sample is recommended for maternal blood lead testing.

*The higher the blood lead level on the screening test, the more urgent the need for confirmatory testing.

*If possible, obtain a maternal blood lead level before delivery because blood lead levels tend to increase over the course of pregnancy.


CDC: Screening for Lead during the Domestic Medical Examination for Newly Arrived Refugees (www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html)

Tip: Mental health

NIH: Validation of a Dari translation of the Edinburgh Postnatal Depression Scale among women of refugee background at a public antenatal clinic (https://pubmed.ncbi.nlm.nih.gov/34250839/)
Centering Pregnancy
“Getting care in a group is the best experience that you can have during pregnancy because you get so much support from doctors and other pregnant women.”
Hospital Mapping Project for Gender Congruence
Thank You!

Q&A
Resources

- Afghan Clinical Guidance (www.health.state.mn.us/communities/rih/about/afghan.html)
- Afghan Refugee and Humanitarian Parolee Health Profile (www.health.state.mn.us/communities/rih/about/afghanprofile.html)
Center of Excellence Reminders!

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- **Subscribe to Center of Excellence in Newcomer Health Updates** ([https://public.govdelivery.com/accounts/MNM DH/subscriber/new?topic_id=MNMDH_463](https://public.govdelivery.com/accounts/MNM DH/subscriber/new?topic_id=MNMDH_463)) for training announcements and other guidance and resources.

- Upcoming trainings (ECHO trainings, Ukrainian Health) at Center of Excellence in Newcomer Health: Webinars ([www.health.state.mn.us/communities/rih/about/coe.html#webinar](http://www.health.state.mn.us/communities/rih/about/coe.html#webinar))