

# Afghan Arrivals: Pre- and Post-Natal Care

Soma Yousofi, RN, MD

Shoshana Aleinikoff, MD

Moderator:

Lily Rubenstein, RN, PHN

October 12, 2022



# Acknowledgment

The Minnesota Center for Excellence in Newcomer Health is supported by *1 NU50CK000563* from the U.S. Centers for Disease Control and Prevention.

The Minnesota Medical Association facilitated the CMEs.

No financial conflicts of interest.



# Moderator and Presenters

## **Lily Rubenstein, RN, PHN (she/her)**

- Refugee health nurse consultant; Minnesota Department of Health Refugee Health Program.
- Former refugee health care coordinator at M Health Fairview Clinic – Bethesda in St. Paul, Minnesota.

## **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 \(www.worldometers.info/demographics/afghanistan-demographics/\)](http://www.worldometers.info/demographics/afghanistan-demographics/)

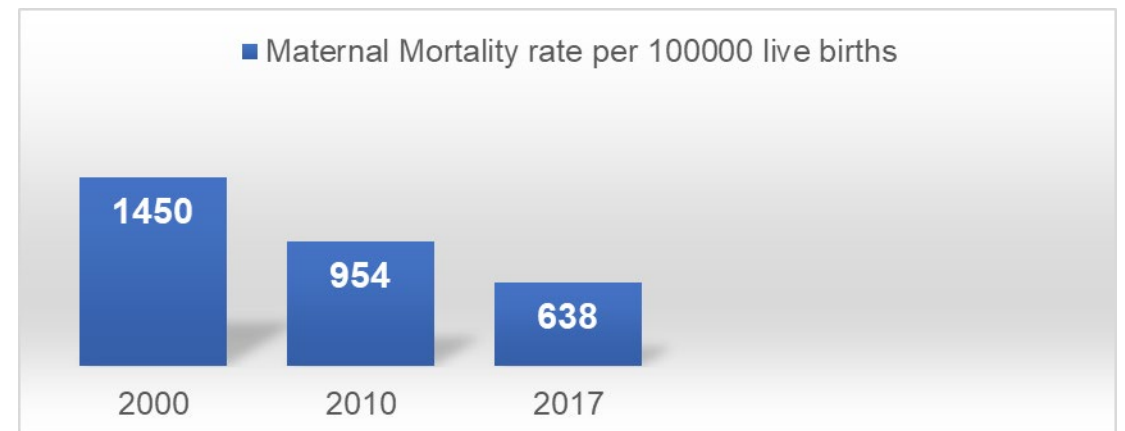
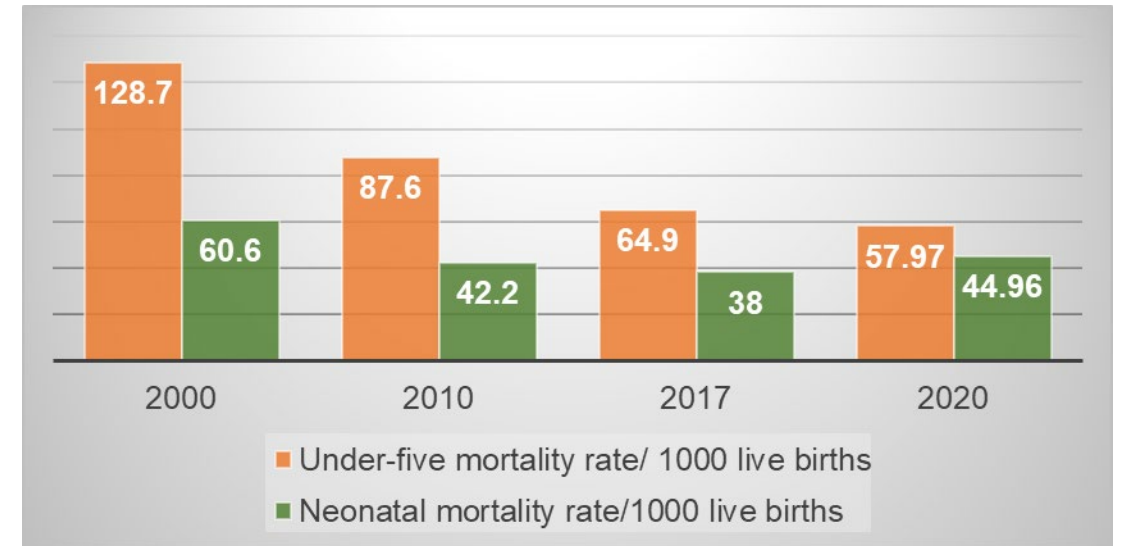
[Macrotrends: Afghanistan Literacy Rate 1979-2022 \(www.macrotrends.net/countries/AFG/afghanistan/literacy-rate\)](http://www.macrotrends.net/countries/AFG/afghanistan/literacy-rate)

[CartoGIS Services, College of Asia and the Pacific, The Australian National University: Afghanistan - Provinces \(https://asiapacific.anu.edu.au/maponline/base-maps/afghanistan-provinces\)](https://asiapacific.anu.edu.au/maponline/base-maps/afghanistan-provinces)

# 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](https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=AFG.CME_MRY0.T&startPeriod=1970&endPeriod=2022)

[UNICEF Data Warehouse: Afghanistan Infant mortality rate](https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=AFG.CME_MRY0.T&startPeriod=1970&endPeriod=2022)

[UNICEF Data Warehouse: Afghanistan Maternal mortality ratio \(number of maternal deaths per 100,000 live births\)](https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=AFG.MNCH_MMR.&startPeriod=1970&endPeriod=2022)

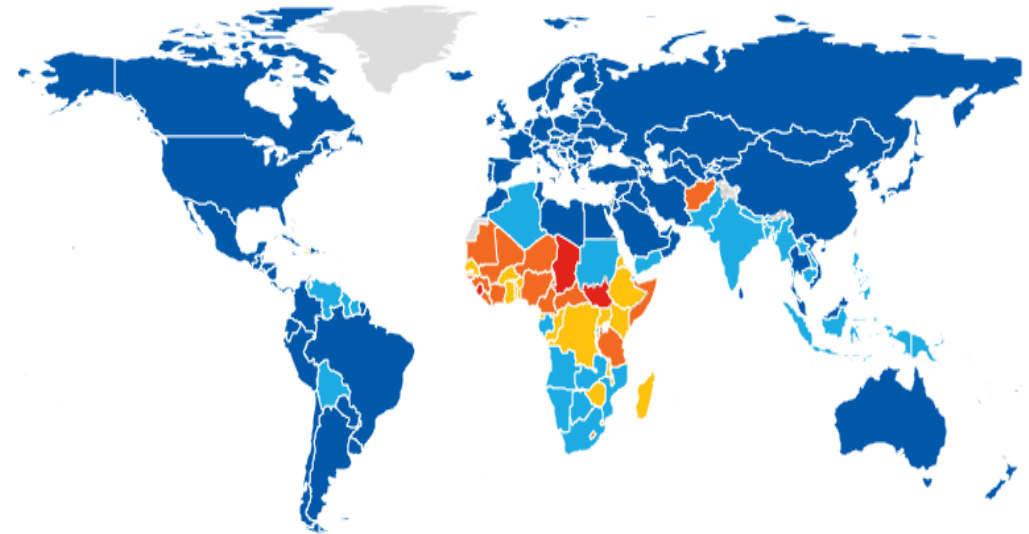
[UNICEF Data Warehouse: Afghanistan Maternal mortality ratio \(number of maternal deaths per 100,000 live births\)](https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=AFG.MNCH_MMR.&startPeriod=1970&endPeriod=2022)

# 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)

Maternal Mortality Ratio, (maternal deaths per 100,000 live births)



● Very Low (<100) ● Low (100-299) ● High (300-499) ● Very High (500-999) ● Extremely High (>1000)



# 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)

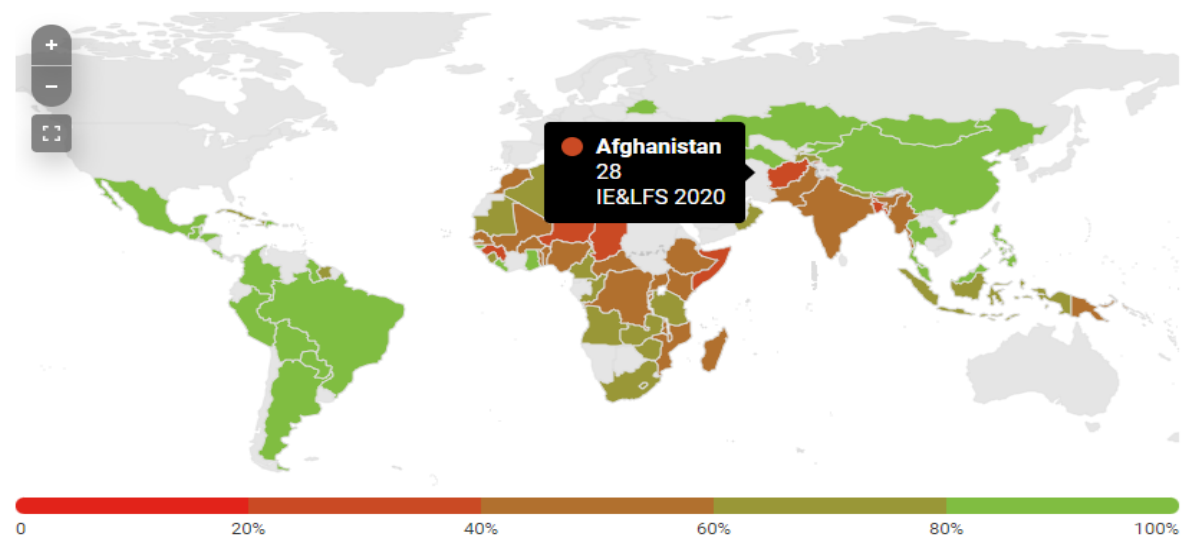
# Being Pregnant in Afghanistan

- 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

Percentage of women aged 15-49 attended by any provider at least four times during pregnancy (ANC4) (2015-2021)



# 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)



# Traditional Practices among People in Afghanistan during Pregnancy, cont'd, 2

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:
  - Attaching gold or silver ring in baby's mouth
  - Placing a grain of soil
  - 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



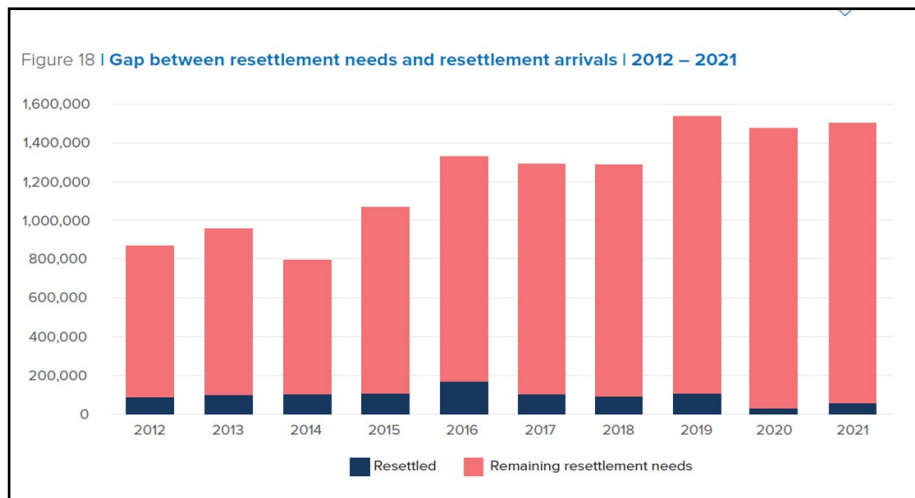
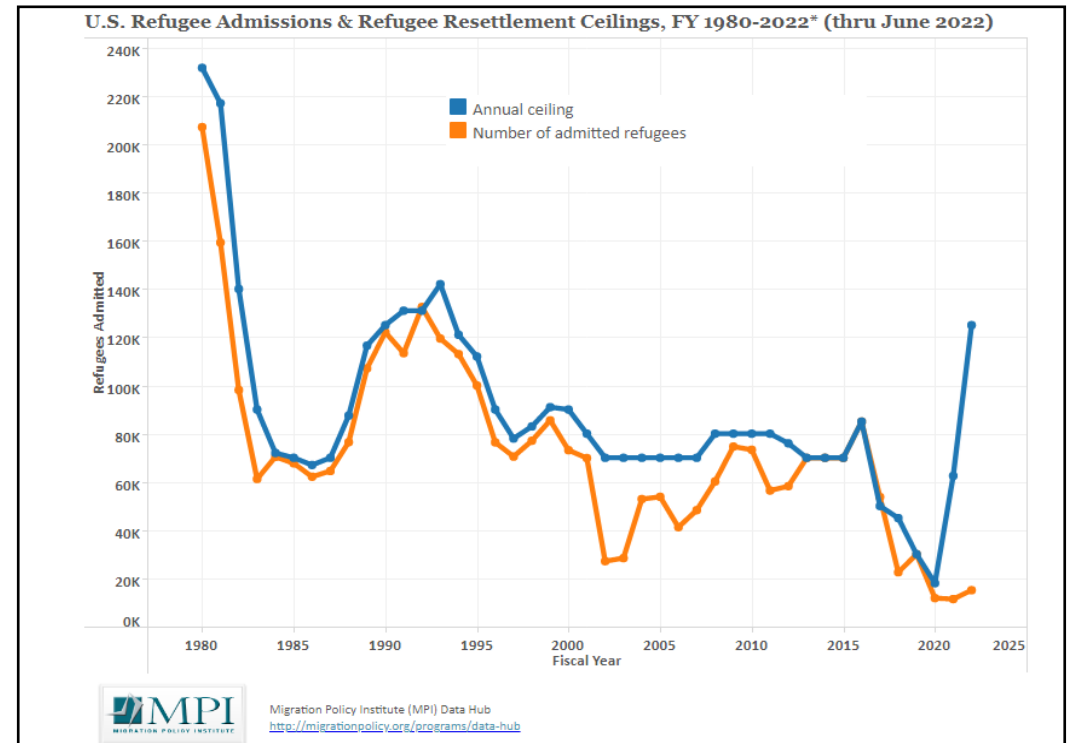
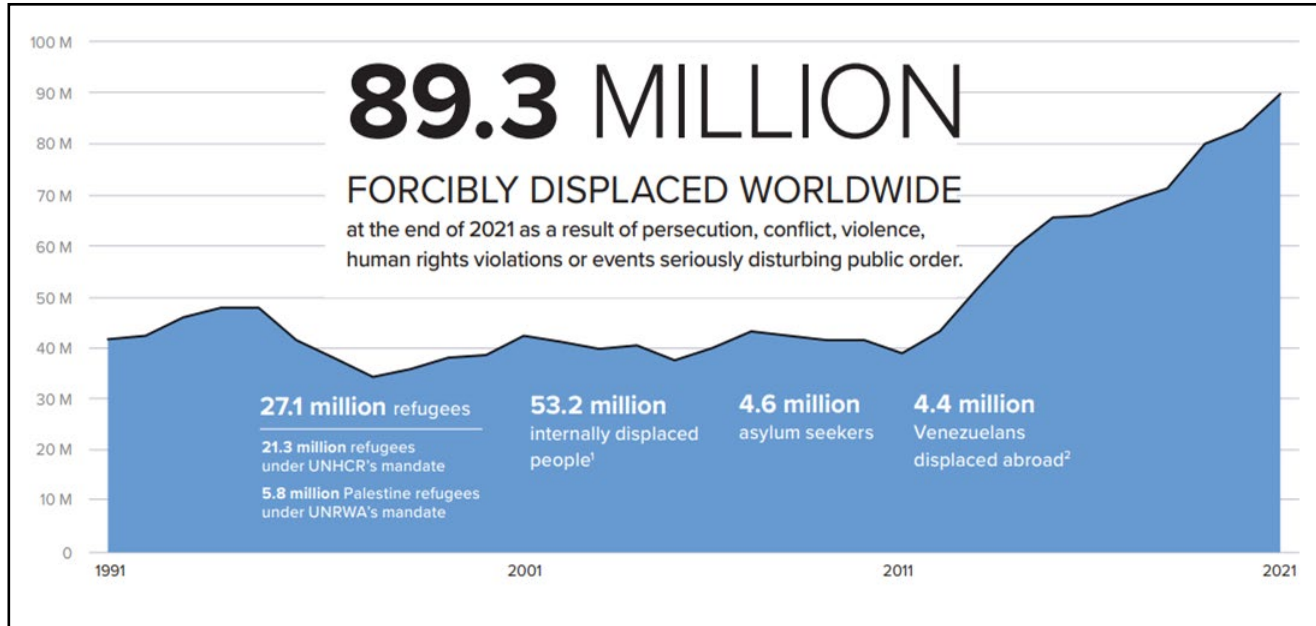
# Tips for OB Care for Afghan Newcomers

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

علام هشدار اگر حامله هستید یا حامله بوده‌اید

اگر حامله هستید یا در سال گذشته حامله بوده‌اید و دچار هر کدام از علامت‌های زیر هستید، بلافاصله کمک بخواهید!

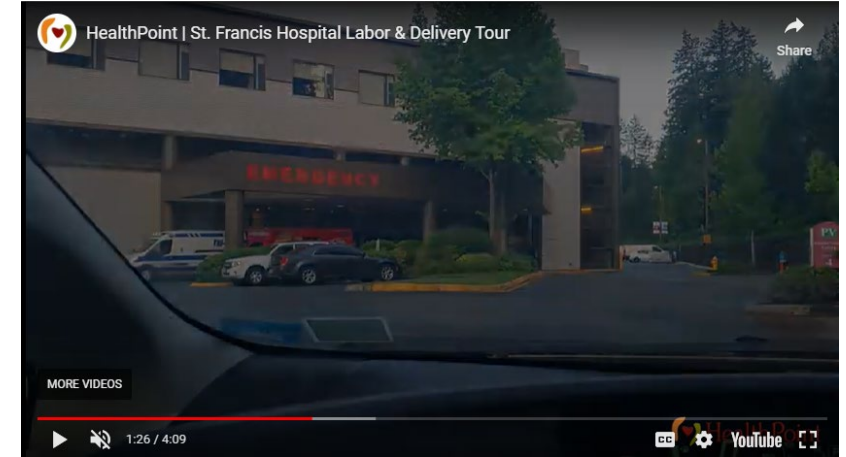
- تغییرات در بینایی
- افتادن خونریزی یا شروع رستاخیز به دیگران
- سرچرخش یا ضعف
- سرردی یا که برطرف نشود یا بدتر شود
- درد شدید بطني که برطرف نشود
- درد صغری یا ضربان سریع قلب
- مشکلات تنفسی
- تب
- التهاب سرخس، یا درد یا
- خونریزی مهبلی یا بیرون شدن مایع در دوران حاملگی یا خونریزی شدید مهبلی بعد از دوران حاملگی
- توقف یا آهسته شدن حرکات جنین
- حالت تهوع شدید و استفراغ (یا تهوع از طرف صبح نفوت دارد)
- خستگی مفرط
- التهاب شدید دست‌ها یا روی

این علامت‌ها ممکن است نشانه وجود مشکلات جدی باشند. برای کسب معلومات بیشتر، به صفحه وب علامت‌های هشدار اضطراری ما مراجعه کنید.

[cdc.gov/afghan-evac](http://cdc.gov/afghan-evac)

# 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



Washington  
Paid Family & Medical Leave

HELP CENTER LOG IN ESPAÑOL

Individuals and Families ▾ Employers ▾ Self-employed Healthcare providers

## درخواست برای مرخصی خانوادگی و پزشکی با حقوق در واشنگتن

برای خدمات کمک‌زبانی رایگان، لطفاً با شماره 2273-717-833 تماس بگیرید؛ بعد از 7 گزینه و سپس گزینه 2 را انتخاب کنید. یکی از کارشناسان خدمات مشتری به شما پاسخ خواهد داد. لطفاً نام و شماره تماس خود را در صورتی که نیاز به آن دارید، در اختیار ما بگذارید. منتظر تماس ما باشید.

# Tip: Lead

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

Recommended Screening Measures	Population
Initial lead exposure screening with blood test	<ul style="list-style-type: none"> <li>All refugee infants and children <math>\leq 16</math> years of age</li> <li>Refugee adolescents <math>&gt; 16</math> years of age if there is a high index of suspicion, or clinical signs/symptoms of lead exposure</li> <li>All pregnant and lactating women and girls*</li> </ul>



**Table 1.** Frequency of Maternal Blood Lead Follow-up Testing During Pregnancy ↔

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

\*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.

Modified from Centers for Disease Control and Prevention. Guidelines for the identification and management of lead exposure in pregnant and lactating women. Atlanta (GA): CDC; 2010. Available at: <http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>. Retrieved March 7, 2012.

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

ACOG: Lead Screening During Pregnancy and Lactation ([www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/08/lead-screening-during-pregnancy-and-lactation](http://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/08/lead-screening-during-pregnancy-and-lactation))

# Tip: Mental health

**INSTRUCTIONS:** Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

	شدید EXTREMELY	کمی زیاد QUITE A BIT	متوسط MODERATELY	کمی A LITTLE BIT	نه اصلا NOT AT ALL	علامه SYMPTOMS
	4	3	2	1	0	دردهای عضلات، استخوان و مفاصل Muscle, bone, joint pains .1
	4	3	2	1	0	بیشتر اوقات احساس بی حالی، غمگینی و کم حوصلگی کردن Feeling down, sad, or blue most of the time .2
	4	3	2	1	0	بیش از حد فکر کردن یا تفکرات بیش از حد Too much thinking or too many thoughts .3
	4	3	2	1	0	احساس ناتوانی Feeling helpless .4
	4	3	2	1	0	تрус ناگهانی بدون هیچ دلیل Suddenly scared for no reason .5
	4	3	2	1	0	احساس بی حالی، گیجی و ضعف Faintness, dizziness, or weakness .6
	4	3	2	1	0	احساس عصبانیت یا لرزه درونی Nervousness or shakiness inside .7

[NIH: Validation of a Dari translation of the Edinburgh Postnatal Depression Scale among women of refugee background at a public antenatal clinic \(https://pubmed.ncbi.nlm.nih.gov/34250839/\)](https://pubmed.ncbi.nlm.nih.gov/34250839/)

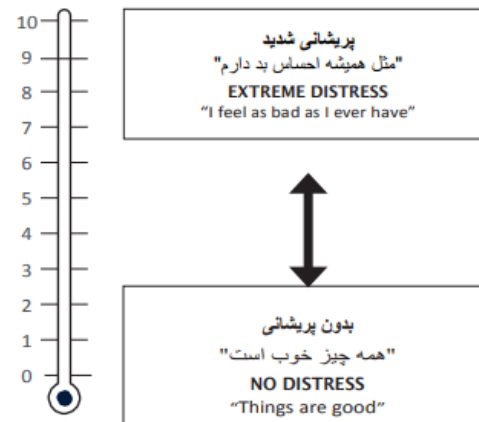
عدم توانایی مقابله با بیشتر مسائل  
Unable to cope with most things 3

عدم توانایی مقابله با هر مسئله ایی  
Unable to cope with anything 4

Add Total Score of items 1-14

ترمامیتر پریشانی

## 15. Distress Thermometer



لطفا به دور نمرات (0-10) حلقه نماید تا به بهترین نحو میزان پریشانی نئرا که در هفته گذشته به شمول امروز تجربه نموده اید توصیف کند .

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

**SCORING** SCREENING IS POSITIVE IF: ① ITEMS 1–14 IS  $\geq 12$  OR ② DISTRESS THERMOMETER IS  $\geq 5$

CHECK ONE:  POSITIVE  NEGATIVE

SELF-ADMINISTERED  NOT SELF-ADMINISTERED

LEGAL NOTICE 2013 © Pathways to Wellness  
Community Services Northwest, Asian Counseling a  
Institut

> Aust N Z J Psychiatry. 2022 May;56(5):525-534. doi: 10.1177/00048674211025687. Epub 2021 Jul 10.

## Validation of a Dari translation of the Edinburgh Postnatal Depression Scale among women of refugee background at a public antenatal clinic

Rebecca Blackmore <sup>1</sup>, Melanie Gibson-Helm <sup>1</sup>, Glenn Melvin <sup>2</sup>, Jacqueline A Boyle <sup>1</sup>, Mina Fazel <sup>3</sup>, Kylie M Gray <sup>4 5</sup>

Affiliations + expand

PMID: 34250839 DOI: 10.1177/00048674211025687



# Centering Pregnancy





# Centering Pregnancy, cont'd

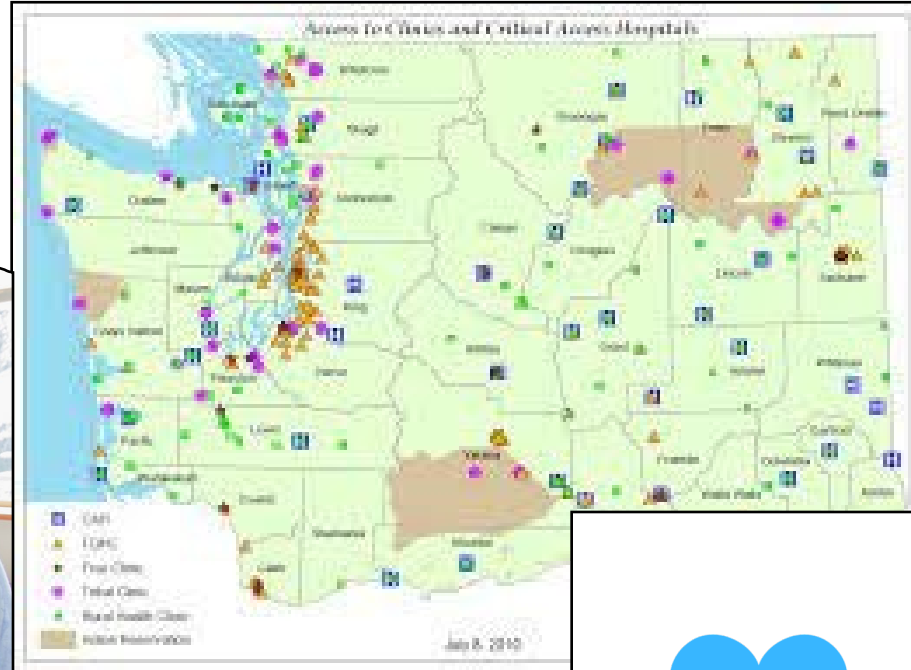
**امستاد بارداری**  
نام \_\_\_\_\_

جلسه 3	جلسه 2	جلسه 1	نکستین ملاقات پیش از ولادت	
				تاریخ  16
				هفته های بارداری 
				فشار خون 
وزن	وزن	وزن	وزن	کسب وزن توصیه شده 
				ارتفاع رحم 
				ضربان قلب کودک 
				آیا کودک حرکت دارد؟ 
				یادداشت ها 



“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



CENTER OF EXCELLENCE  
**IN NEWCOMER HEALTH**  
MINNESOTA

# Resources

- **[Afghan Clinical Guidance](http://www.health.state.mn.us/communities/rih/about/afghan.html)**  
 **[\(www.health.state.mn.us/communities/rih/about/afghan.html\)](http://www.health.state.mn.us/communities/rih/about/afghan.html)**
- **[Afghan Refugee and Humanitarian Parolee Health Profile](http://www.health.state.mn.us/communities/rih/about/afghanprofile.html)**  
 **[\(www.health.state.mn.us/communities/rih/about/afghanprofile.html\)](http://www.health.state.mn.us/communities/rih/about/afghanprofile.html)**



# Center of Excellence Reminders!

- Evaluation and CMEs/CEs
- [Subscribe to Center of Excellence in Newcomer Health Updates](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_463) ([https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic\\_id=MNMDH\\_463](https://public.govdelivery.com/accounts/MNMDH/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](http://www.health.state.mn.us/communities/rih/about/coe.html#webinar) ([www.health.state.mn.us/communities/rih/about/coe.html#webinar](http://www.health.state.mn.us/communities/rih/about/coe.html#webinar))

## NEWCOMER HEALTH



This ECHO series is designed to increase medical providers' knowledge of the resettlement and health issues of newcomers, including refugee, immigrant and migrant (RIM) populations. It will review resettlement pathways, evidence-based screening recommendations, and more common diagnoses and treatment approaches for pediatric and adult populations.

Sessions include brief didactic presentations by immigrant health experts and discussion of participant-submitted cases. Participants are highly encouraged to submit de-identified patient cases for group discussion and expert consultation.



REGISTER HERE



### ONGOING MONTHLY VIRTUAL SESSIONS

Last Tuesday of the month  
6:00 AM PT | 7:00 AM MT | 8:00 AM CT | 9:00 AM ET

### REGISTER TODAY!

[echocolorado.org/echo/newcomer-health/](https://echocolorado.org/echo/newcomer-health/)

### UPCOMING SESSIONS

**OCTOBER 25**

Introduction to Refugee Resettlement

**NOVEMBER 29**

Afghan Health Considerations

**JANUARY 31**

Ukrainian Health Considerations