# Women Health: Pregnancy

The lifestyle of a pregnant mother can affect the health of the fetus and child after birth. Often, offspring of mothers using alcohol while expectant have been associated with developmental disorders and a variety of behavioral changes (Jesuratnam, Oakeshott, & Mukherjee, 2011). Moreover, the use of both legal and illicit drugs during pregnancy has an adverse effect on the health of both mother and child. The use of opiates, tobacco, marijuana, cocaine and psychotherapeutic drugs adversely affects the health of a pregnant mother and mostly results in developmental problems of a child (Andria, 2013).

Educational attainment and age among women often influence the birth outcomes of the pregnancy. Negative birth outcomes such as stillbirths, preterm deliveries, congenital anomalies and low birth weights have been greatly linked to adolescents as compared to adult women (Xie, Harville, & Madkour, 2014). This is also true in the case of educational attainment since most educated mothers tend to be more concerned about their wellbeing as well as that of their unborn. Occupation is another factor that influences the woman’s childbearing choice, demanding jobs make women delay to have children. However, jobs with lenient policies enable women to have children and even bring their breastfeeding children to their place of work (Bumpass & Westoff, 2015).

The governments in conjunction with the department of public health have come up with various strategies to help in ensuring that the health of the general public is safe. These policies include:

## Healthy Beginnings

The strategy aims at ensuring that women are healthy throughout the gestation period as this is one of the ways of ensuring that the child is born healthy (Public Health England, 2016). In this regard, the government ensures that maternal health is good throughout the period. The government makes sure that the prenatal and postnatal care are affordable in order to give mothers the chance not only to have their health taken care of but also the health of the unborn.

## Patient’s right’s directive across borders

In the effort to ensure that the rights of the patients are protected both domestically and across borders, the UK government has issued a directive that protects the rights of the patients who are seeking medical services. This directive addressed among other things the reimbursement of the patients and legal provisions for handling patients for other states (Peeters, 2012).

Post-natal depression stigma is highly prevalent in most of the women in the UK and across the world. This has been brought about by the societal expectations that whenever a woman gives birth she is supposed to be jolly and all delighted about herself. However, this is not the case in most women as a majority of them struggle with emotions that they try to displace by acting the role of a perfect mother (McCormack, 2016).

The mental health of the mother is critical to the health of the fetus and that of the baby. Mental problems such as depression during pregnancy affect the fetus negatively in the sense that it can lead to miscarriages, preterm delivery, and even stillbirths. The mother psychotherapeutic drugs also put the life of the fetus at risk of deaths as such drugs can have an adverse impact on them. After child delivery, depression could affect the production of milk thereby affecting the nutritional needs of the child. The mental health of the mother can also lead to postpartum depression among the women who have just given birth.

## Self-esteem

Low self-worth has been considered an explanation for the risky behavior exhibited among youths. Individuals who lack high self-esteem have often been associated with numerous risky behaviors, for instance, indulging in premarital sex without taking the precautionary measures that help in reducing the chances of pregnancy and HIV transmission ( Enejoh, Pharr, & Mavegam, 2016). Furthermore, low self-esteem can not only cause some mental problems but also depression which may not only affect the mother but also her ability to carry the pregnancy or care for her child.

## Peer-pressure

Peer pressure has been considered the primary driver of risky sexual behaviors among teenagers (Cherie & Berhane, 2012). Among adolescents, it is clear that people between ages of 13 and 16 years influences one another in matters related to sexual behaviors. This has caused most of the youths to engage in risky sexual activities such as practicing unsafe sex at an early age which in turn has resulted in teenage pregnancies and contraction of HIV and other STIs.

Breastfeeding a child for six months as recommended by the World Health Organization (WHO) is associated with a plethora of benefits for the infant which include:

## Prevention of illnesses and infections

Breastfeeding helps in the prevention of illness and infections among children since the breast milk contains the prescribed nutrients and is not interfered with thus no contaminations (Dieterich, Felice, O’Sullivan, & Rasmussen, 2013). Furthermore, breast milk has the nutrients that facilitate a child growth thus preventing illness. Breast milk is safe for a child since it is free from contamination thus preventing infections. In addition the milk contains antibodies which help the child to prevent illness and inflections.

## Reduced Sudden Infant Death Syndrome

Breastfeeding helps in reducing sudden infant death syndrome (Byard, 2013). The deaths are usually caused by lack of proper breastfeeding and infections which can be avoided if the child was properly breastfed. Breastfeeding also prevents the child obesity because the composition of the milk is standardized unlike the other formula feeds. Breastfeeding an infant also helps in developing a bond between the infant and the mother. In sum, breastfeeding generally helps in improving the well-being of the infant.

There are many risks associated with teenage pregnancies which include preterm deliveries and stillbirth.

## Preterm delivery

According to Shapiro & Lackritz (2012), preterm delivery is mostly caused by pressure and tensions that most women face when pregnant. This is most common in a society that condemns pregnancies out of marriage which might negatively impact a pregnant woman leading to preterm delivery of the infant which often leads to the incubation of the infant for some time. Furthermore, the preterm delivery can be caused by lack of proper medical care which may be due to the fact that majority of teenagers avoid attending clinics due to community rejection.

## Stillbirths

Teenage pregnancy often results to stillbirths; in this case, due to the psychological and mental health of the mother the teenager parent has often given birth to a dead baby, either through the normal way through the birth canal or caesarian section (Leppälahti, Mentula, & Heikinheimo, 2013). These risks are more pronounced during the first births than the subsequent births. Furthermore, the issue of stillbirth is brought about by lack of proper medical care and not attending to clinics.

## References

Enejoh, V., Pharr, J., & Mavegam, B. O. (2016). Impact of Self Esteem on Risky Sexual Behaviors among Nigerian Adolescents. AIDS Care, 672–676.

Andria, W. (2013). Overview and Epidemiology of Substance Abuse in Pregnancy. Clinical Obstetrics and Gynecology, 91-96.

Balasch, J., & Gratacós, E. (2012). Delayed childbearing: effects on fertility and the outcome of pregnancy. *Current Opinion in Obstetrics and Gynecology*, 187-193.

Bumpass, L. L., & Westoff, C. F. (2015). *The later years of childbearing.* Princeton University Press.

Byard, R. W. (2013). Breastfeeding and sudden infant death syndrome. *Journal of pediatrics and child health*.

Cherie, A., & Berhane, Y. (2012). Peer Pressure Is the Prime Driver of Risky Sexual Behaviors among School Adolescents in Addis Ababa, Ethiopia. *World Journal of AIDS*, 159-164.

Dieterich, C. M., Felice, J. P., O’Sullivan, E., & Rasmussen, K. M. (2013). Breastfeeding and Health Outcomes for the Mother-Infant Dyad. *Pediatr Clin North Am* , 31–48.

Homma, Y., Wang, N., Saewyc, E., & Kishor, N. (2012). The relationship between sexual abuse and risky sexual behavior among adolescent boys: a meta-analysis. *Journal of Adolescent Health*, 18-24.

Jesuratnam, G., Oakeshott, P., & Mukherjee, R. (2011). Alcohol and pregnancy. *Br J Gen Pract*, 719-719.

Leppälahti, S., Mentula, G., & Heikinheimo, O. (2013). Is teenage pregnancy an obstetric risk in a welfare society? A population-based study in Finland. *BMJ*.

Mwalabu, G., Evans, C., & RedselL, S. (2017). Factors influencing the experience of sexual and reproductive healthcare for female adolescents with perinatally-acquired HIV: a qualitative case study. *BMC's Women's Health*, 1-13.

.Peter, J., & Valkenburg, P. M. (2011). The influence of sexually explicit internet material on sexual risk behavior: A comparison of adolescents and adults. *journal of health communication*, 750-765.

Public Health England . (2016). *Strategic Plan for the next 4 years: Better Outcomes by 2020.* UK: Public Health England .

Satyanarayana, V. A., Lukos, A., & Srinivasan, K. (2011). Maternal mental health in pregnancy and child behavior. *Indian Journal of psychiatry*, 351–361.

Shapiro-Mendoza, K, C., & Lackritz. , E. (2012). Epidemiology of late and moderate preterm birth. *Seminars in Fetal and Neonatal Medicine*, 120-125.

Xie, Y., Harville, E. W., & Madkour, A. S. (2014). Academic performance, educational aspiration and birth outcomes among adolescent mothers: a national longitudinal study. *BMC Pregnancy and Childbirth*.

Peeters, M. (2012). Free movement of patients: Directive 2011/24 on the application of patients’ rights in cross-border healthcare. *European Journal of Health Law*, *19*(1), 29-60.

McCormack, J. (2016). Post- natal depression: speaking out about "secret sigma". *BBC*, 113- 118.