Key Takeaways: OB-GYN Care for Afghans

A TOOLKIT FOR CLINICIANS

CENTER OF EXCELLENCE IN NEWCOMER HEALTH MINNESOTA

For full context, tools, and references, visit OB-GYN Care for Afghans: A Toolkit for Clinicians (www.health.state.mn.us/communities/rih/coe/clinical/obafghan/index.html).

Background

- On August 30, 2021, the final contingent of U.S. troops rapidly departed Afghanistan. The Taliban quickly overtook the country, leading to chaotic evacuations of thousands of Afghan families.
- People from Afghanistan are referred to as Afghans.
- Islam is the official religion of Afghanistan, with 99% of Afghans identifying as Muslim.
- Dari and Pashto are the official languages.
- As of 2018, 52% of adult men and 23% of adult women were considered literate.

Health care and outcomes in Afghanistan

- Most Afghans don't have access to primary or preventive care in Afghanistan due to the instability of the health system after decades of conflict.
- Afghanistan has very high rates of infant mortality (43 deaths per 1,000 live births in 2021)[1] and maternal mortality (620 maternal deaths per 100,000 live births in 2020).[2]
- One study reported 35% of female respondents had no prenatal visits, 14% had one prenatal visit, and 21% had four or more prenatal visits. 41% of women reported giving birth at home. Over half reported receiving no postpartum care.

Traditional practices and cultural norms for pregnant and postpartum Afghan women

- There are many traditional practices that Afghans may follow during pregnancy. These traditions vary among the diverse Afghan population and may be disrupted or altered with changes in family systems and culture in the U.S.
- Black antimony, or surma, may be applied to the baby's eyes, eyebrows, and/or umbilical cord. Surma may contain lead, so it is recommended to educate the family about the risks and suggest safe alternatives.
- In general, children are highly desired in Afghanistan, and women may feel pressure to have as many children as possible. This, coupled with fear of side effects, may lead to reluctance towards using contraception or spacing pregnancies.
- Intrauterine devices (IUDs), injectable contraceptives, oral contraception, implants, and condoms may be available to women in Afghanistan, especially if they are married, educated, affluent, and/or reside in urban areas. Others may use natural family planning such as the rhythm, lactational amenorrhea, or withdrawal methods. Some husbands and/or families disapprove of contraception use, so some women use contraception discreetly without informing family members.
- Abortions have historically been allowed in Afghanistan if the mother's life is at risk or if congenital abnormalities are present in the fetus.

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[1] Unicef. (2021). Afghanistan (AFG) - Demographics, Health & Infant Mortality - UNICEF DATA. Unicef Data. https://data.unicef.org/country/afg/

[2] Afghanistan. (n.d.). World Bank Gender Data Portal. https://genderdata.worldbank.org/countries/afghanistan/

Providing OB-GYN care to Afghans in the U.S.

- All-female health care teams are typically preferred for female patients. Ask patients what their gender preferences are, including in the event of an emergency if female providers are not available.
- Provide general information about the U.S. health care system, if possible. Consider discussing what to do in emergencies, consent, and confidentiality.
- It is essential to ensure the presence of a certified medical interpreter during clinic visits. Pashto and Dari are the most commonly spoken languages among Afghans.
- 99% of Afghans identify as Muslim. Muslim patients may dress modestly, avoid alcohol, pork and its byproducts (including gelatin), and fast (abstain from food and water) from sunrise to sunset during the month of Ramadan. People who are chronically ill, pregnant, breastfeeding, or menstruating may be exempt from fasting practices.
- Patients may already be familiar with IUDs, pills, injections, implants, and condoms as they are available in urban areas of Afghanistan. Women who are married, educated, affluent, and/or reside in urban areas may be more likely to have utilized such contraceptives.
- Consider educating patients about the value of regular prenatal and postpartum care, including when visits occur and what happens during appointments.
- Birth plans may be helpful to ensure patients' and families' preferences are honored during the birthing process. Addressing potential barriers they might encounter such as communication, technology, transportation, childcare is also important.

General health care

- Afghans may experience mental health challenges for many reasons, including trauma and violence experienced in Afghanistan, the stress of resettlement such as social isolation, family separation, language barriers, culture shock, financial stress, and concern for separated loved ones. Therefore, it may be difficult to distinguish if symptoms are postpartum-induced. Screening and, as appropriate, referral to mental health services is recommended.
- The CDC recommends lead toxicity screening for all pregnant and lactating Afghan women, as they are a high-risk population, and elevated maternal blood lead levels can have negative health effects for the mother and baby.
- Ask what resources patients may need to help care for themselves, their family, and their new baby. Examples include nutrition programs, transportation services, car seats, household supplies, educational classes, and cultural centers. Connect patients with a public health nurse or social worker, if possible, as they may be especially equipped to make community connections.

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