

Mental health needs in reproductive health services at Mae Tao Clinic

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Overview

- Setting the context
- RH services at MTC
- RH mental health needs
- RH counseling services
- Important things to remember
- Ways to improve RH mental health services



Setting the context

MTC's reproductive health caseload

- 3,000 deliveries/year
- 500 post-abortion clients/year
- 600 emergency obstetric complications/year
- >9,000 FP visits/year
- 6,000 ANC visits/year



RH Services at MTC (1)

- Reproductive health outpatient department
 - Antenatal care
 - Family planning
 - Management of STIs
 - Post-abortion care
 - Gynecological care
 - Counseling



RH Services at MTC (2)

- Reproductive health inpatient department
 - Deliveries
 - Emergency obstetric care (e.g. vacuum delivery)
 - Post-abortion care
 - Complications during pregnancy (e.g. malaria)
 - Postnatal care
 - Neonatal care
 - Clinical management of sexual and gender-based violence (SGBV)
 - Counseling



RH mental health needs (1)

Women often have less support for their health issues due to:

- Limited decision-making power in relationships
- Limited knowledge of family planning
- Unwanted pregnancies due to unstable situation



RH mental health needs (2)

- Unsafe induced abortion
- Limited access to RH services (FP, EmOC, etc.)
- Health workers often scold women



RH counseling services (1)

- Women with unwanted pregnancies
- Family planning counseling
 - Post-partum
 - Post-abortion
 - Emergency contraception
- Women with gynecological conditions
- Sexual and gender-based violence



RH counseling services (2)

- Options counseling for unwanted pregnancy
 - Deep listening
 - Reflective listening
 - Asking open questions
 - Problem-solving
 - Screening for eligibility for legal abortion under Thai law
 - Referrals to Thai hospital for safe abortion if eligible



RH counseling services (3)

- Family planning counseling
 - Short-term, long-term, and permanent methods
 - For pregnant clients
 - During ANC and post-partum
 - For post-abortion clients
 - Before procedures and before discharge
 - Emergency contraception
 - Include in all FP discussions for future reference, not only those who seek EC
 - Pills or IUD



RH counseling services (4)

- Women with gynecological conditions
 - Deep listening
 - Reflective listening
 - Asking open questions
 - Problem-solving
 - Screening for eligibility for surgery/treatment
 - Referrals to Thai hospital for surgery/treatment if eligible



RH counseling services (5)

- Sexual and gender-based violence
 - Screening during ANC and other RH services*
 - Women often present with other complaints, yet counseling provides the space for SGBV issues to surface
 - Deep listening
 - Reflective listening
 - Asking open questions
 - Problem-solving
 - Referrals to social and legal services (safe shelter, psychosocial support, child protection)



Important things to remember

- Women need a private space for counseling about their health issues
 - Not in the same room with others who are receiving other services
 - Not where others can hear through the walls
- Women are often afraid of health workers' scolding or judgment
- Women need time to work through their feelings and thoughts



Ways to improve RH mental health services

- Create a private, comfortable space for women to speak openly
- Allow enough time for counseling
- Restructure staffing duties to accommodate counseling
- Provide counseling *before* delivery and *before* post-abortion procedures to allow time for processing and FP decision-making

