

An Experience of Integrated and Holistic Approach to Sexual And Reproductive Health

Antonietta Cilumbriello

Il Melograno – Centro Informazione Maternità e Nascita

The concept of SRH as key to supporting the motherhood choice

Our approach stems from the very definition of Sexual and Reproductive Health, which promotes the rights of women as human beings, their right to sexual self-determination and considers the interaction between the physiological, social, religious and psychological aspects of each woman.

In this respect, centers run by Il Melograno – actual epitomes of SRH-focused centers, have been established to support a new culture of motherhood, birth and early childhood, the perception of the social value of motherhood, the promotion of the right to health and equality of rights for women and children, the consideration of the needs of the two protagonists of birth, in accordance with WHO guidelines.

Our fifteen centers, located in several Italian regions, offer a wide number of services and activities, organized with the direct involvement of the Melograno partners and subscribers; these include: collective groups towards the childbirth event, assistance through pregnancy, childbirth and the postnatal period, shared parenthood experience groups, thematic meetings, breastfeeding assistance.

From the very start, the principles underlying our activity have always been:

- Non-medicalized birth, and the awareness that pregnancy, childbirth, and breastfeeding are moments in a woman's emotional and sexual life;
- The process of fulfilling individual needs must never be left to third parties;
- groups as a framework for comparing, socializing and sharing personal experiences;
- The *Care Relationship* – not intended as a *mission*, nor as a therapy, but rather as *maieutics*, i.e. the ability of supporting awareness of every individual's potential and resources;
- Along with services provided to the subscribers, all Centers in Italy collaborate intensively with local publicly-run social, healthcare and education services, to promote the fundamental rights of the individuals involved in the childbirth process;
- the right of every child to be born and raised in an environment that suits her needs;
- the right of every woman to experience her motherhood choice in full awareness and freedom, safeguarding her personal choices, her culture, her peculiarities;
- the right to give birth in full respect of the natural rhythms of the body, in the presence of friends (if so desired), in a warm, intimate environment;

- the right of both mother and child to mutual proximity and getting to know each other immediately after childbirth.

Holistic Concept of “Health care”

The daily activities at Il Melograno Health Care Centers (hereinafter HCC) are based on the concept that **Health care**, and more specifically women’s overall psychophysical well-being, should not be based on an asymmetrical caregiver-client relationship. It rather should take into account a range of actual, organisational and emotional factors and situations – a holistic approach.

These closely linked elements can – or rather should – highlight the meaning and value of health care work, whereas in the same way they contribute to underlining and streamlining operations and consistent actions, as well as enhancing the development of professional awareness for the service providers.

The main aim of the holistic health care approach is to encourage women and families to consider themselves “active” counterparts in a symmetric relationship (where both service providers and Users are on the same level, although with different roles). Thus, health care turns into a health generation process, rather than a mere “cure” for illness, unveiling previously unexplored skills on both sides of the care relationship.

This health care model is based – *inter alia* – on providing thorough information and turning an attentive ear to the actual needs of women – and Clients in general – thus raising their awareness of their *Right to Health*.

Principles of Our Methodology

▪ Quality of Care

It has been widely proven that high quality of care also increases demand for Sexual Reproductive Health services (SRH), especially among the most marginalized women with less specific needs.

Factors of high quality of care include:

- Customized assistance
Along with the basic profiling based on age and sex of users, a customized approach allows for leveraging quality caregiver-user relationships on the basis of the different social, cultural and religious backgrounds of those seeking assistance.
- Skilled service providers/caregivers
A key requirement that must always be complemented by motivation and involvement. Women and families must be able to clearly identify the service provider with whom they choose to share their health care process.
- Effective strategies to promote continuity of health care

Our take on properly organized *Outreach Programs* implies working with women and their families, first to identify their needs, then to develop innovative, consistent strategies of care.

- Availability of a wide range of services
Consistently with the concept of “holistic approach” and WHO guidelines on Sexual and Reproductive Health (and their very definition of Health)
- Skill activation on the side of Client/users
That is, empowering women (and, more generally all of our Clients/users); helping them activate previously unexplored skills. Thus, a relationship is established between the caregiver and the user which is based on trust and **not** dependence, and is therefore more likely to turn into effective outcomes (not only in therapeutic terms).

▪ Service Integration

In our HCCs, service Integration lies at the very core of effective health care. A referral system must be created, that must function both horizontally (between the various services within the HCC) and vertically (towards public health care centers), to cater for all needs of the users. Such integration also relies on efficient internal communication between the various services (horizontal) and between the various **public levels of assistance** (vertical). When the User checks in at the HCC for medical, psychological or/and social services, the next immediate level of health care should be activated/alerted (superior and/or inferior), throughout the referral network.

▪ Continuity of Care

Continuity of care is accomplished over time, through a network of support services.

A wide range of integrated services – at different stages of the service provider/caregiver-user relationship – are made available to ensure health care continuity. It is up to caregivers in their specific capacities to listen closely to users’ needs and decide whether to them to other levels of service.

For example, if a distressed pregnant woman requests prenatal assistance, it is up to the caregiver to discreetly look into her family and social environment for signs of gender-based violence or other critical situations.

The project “*Raggiungere gli Irraggiungibili*” (Reaching the Unreachables), launched by il Melograno of Rome, in collaboration with the local Municipal Administration is an appropriate example of continuity of care.

It focuses on supporting early stages of parenthood as prevention against child distress, abandonment and abuse.

The goal of the project is to timely reach all households in difficult conditions, for which the birth of a child is a potentially high psycho-social risk factor.

The project is articulated into two major services: **home visits** to help establishing a strong mother-to-child relationship through the child's first year of life and the **Birth and Early Childhood Counseling Corner**.

The project pursues the following general goals:

- Strengthening the mother-to-child relationship, by enhancing parental skills, the ability to perceive and adapt to the needs of the child;
- Helping the household take advantage of locally available resources, thus facilitating the creation of a social support network and providing easier access to services.
- The project's end users are mother-child households within the first year of the child's life, presenting one or more of the following risk factors:
 - serious socioeconomic conditions and/or low education levels;
 - one or both parents underage;
 - single parent household;
 - psychological or psychiatric illness – or drug addiction – of one or both parents;
 - immigration
 - prematurity or immaturity of the newborn;
 - organic pathology (mother).

The project includes **home visits** by specially trained caregivers who, right after childbirth (and, in some cases, even during pregnancy), stand by mothers through the child's first year of life¹, supporting them in facing the challenges of early stages of growth, enhancing their skills and abilities.

The caregivers also help establishing a support network, favoring the activation of any family and social resources around the household, as well as the best possible access to locally available social, health and education services.

To facilitate the above, a Birth and Early Childhood Counseling Corner has been created, open to all citizens, that can be contacted by phone toll-free. The Corner provides all information on resources available in the Municipality of Rome in the field of childbirth and early childhood, on related services and access to counselling offices, Public Health Care Units, social services, kindergartens, playrooms, etc.

¹ Home visits of 2 hours each, twice a week in the first six months of the child's life and once a week through completion of the first year.

Policy Suggestions

- Establish an effective link between both privately run and public centers and the Mother and Child Foundation, always keeping in mind SRH guidelines, hence adopting shared policies in support of the motherhood choice.
This implies promoting continuity of care as described above, to safeguard a holistic-integrated approach that takes into account social, economic, religious and political variables within the couple and the household. In our experience, this methodology should always be applied to establishing SRH centers/HCCs. Said centers, properly profiled and networked on the basis of their specific level of care, provide medical, psychological, legal, economic and social counselling to women, couples and/or household, assisting them in planning pregnancies, pregnancy intervals, and supporting them holistically in coping with their offspring's early childhood stage.
- Raise local awareness by means of home care projects on the blueprint of *Raggiungere gli Irraggiungibili*, so as to enhance the visibility of activities carried out by the Mother and Child Foundation's, and thus increase access to said activities.
- Launch fatherhood campaigns (highlighting the father's role and value) if within a wider framework of gender equality measures. When planning an appropriate support programme, men should indeed be involved and decide if they want to change and adopt fairer systems of being involved with aspects of SRH.
- Always take into account gender mainstreaming
Women, first of all, have the right to form their own perspective on reproductive life, family planning and local family legislation. Gender perspective can be achieved through women's participation: they help SRH/HCCs adapt their services to the women's community needs.
- Single out a number of consistent medical (i.e., relating to prenatal and postnatal periods) and social (i.e., smaller pregnancy intervals, low education levels) indicators, so as to evaluate the effect and impact of the Foundation's work.
- In an increasingly united Europe, if respectful of differences, the key might be to identify common social policies supporting motherhood, in compliance with sexual and reproductive health requirements as formulated by the United Nations and the WHO.