



PREGNANCY & CANCER

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REFLECTION PAPER

Developing maternal health professionals' capacity to facilitate a positive health experience for women with cancer.

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Our research has highlighted several critical issues, which differ from country to country. These should be the focus of our efforts in the near future.

Mothers often reported a lack of attention to their needs and a lack of support in the various critical moments of the clinical pathway: communication of the diagnosis of cancer, definition of the oncological therapeutic pathway, possibility of having a second opinion in other centres, planning of the Birth Pathway and integration with the oncological one.

Considering the rarity and complexity of cancer associated pregnancy, health professionals are often unprepared/untrained to work in line with a necessary multidisciplinary approach.

A fundamental aspect in which to invest is the training of professionals both in the field of oncology and maternity care. The relevant bodies (Ministry of Health, Ministry of Education/ University and Research, Universities, Professional Organizations, Scientific Research Institutions etc etc) should promote the adaptation of curricular training for all professions involved so that operators are able to provide the correct information and are able to support women in a competent way. In fact, best practice standards are constantly evolving, reflecting changes in national health services regarding various pathways such as the Birth Pathway (changes in prenatal care, shorter stays, fewer home visits, pandemics etc etc). A suggested strategy would be to prepare teachers to transfer the standards and related initiatives within their teaching modules.

Another critical point emerging from project interviews with women, was the lack of a “handover” between the hospital staff and those of community health services. All mothers, before discharge from the hospital, should be provided with information on support available to them once they return home.

The information, always up-to-date and possibly in writing, should include details of mothers’ self-help groups, local voluntary services and other institutional initiatives that are fundamental in building the support network for all mothers and their families. The higher the level of network integration, the greater the assurance of the appropriateness of the help provided by all. These requires all agencies and individual agents to be supported and trained to work with an integrated approach.

The birth pathway is considered a strategic area of intervention for the many possibilities of health promotion that can be developed even in a clinical context in which pregnancy is burdened by the presence of a tumor. According to the Ottawa Charter of 1982, health promotion should be understood as the set of activities, not only inherent to the health system, whose ultimate goal is to increase the ability of individuals and communities to control their own health. Having an increased ability to control one’s own health, allows one to make informed and timely choices, permitting greater individual control with a reduction in adverse events. In addition, valuable resources of the individual and community can emerge that can be usefully leveraged. Pathways in pregnancy / first year of life of the child must be rethought in terms of the history of the woman, the child and the family in the context of the community in which she lives. In order to do this, it is necessary to “put the person at the center” with their needs, skills and personal,

family and community resources. It is necessary to guarantee coherence and continuity of information with all services aimed at families and the possibility of detecting situations of vulnerability and thus actively proposing integrated support.

Coordination of care through a unified vision of pathways and accompaniment in the “crucial” moments of the pathway (care during pregnancy, labor/birth, start of breastfeeding, return home, health and nutrition of the child) becomes strategic. This strategy could limit and mitigate the damage that non-health determinants of health (income, education, citizenship, etc.) cause by virtue of inequalities, sources of greater vulnerability. Greater fragility in fact affects the ability to acquire information, make choices, formulate questions and access services.

Likewise for those families who have received a cancer diagnosis and then sadly lost their pregnancy as a result of miscarriage, stillbirth, neo natal death or due to a clinical decision for TOP, care and support must be put in place for these families so their cancer diagnosis is not overshadowing their loss.

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