

AB018. Successful twin pregnancy in rural Chiapas: providing quality care and comprehensive support to overcome barriers in health access

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Background: Twin pregnancies are associated with increased risk of complications such as preterm birth, hypertensive disorders of pregnancy and perinatal mortality. Thus, they merit comprehensive care and a multidisciplinary approach. Compañeros en Salud (CES) is a non-governmental organization (NGO) that has supported primary care clinics in rural Chiapas, Mexico since 2011. They provide quality prenatal care and comprehensive support for pregnant women, including point of care ultrasound (POCUS), alimentary support, mental health counselling and home visits by community health workers.

Case Description: A 23-year-old woman, 15.1 weeks pregnant, presented at the primary care clinic. Her home was 3 hours away by foot. Her previous pregnancy resulted in C-section 4 years prior. She lived in her in-law's home with seven other people, where she felt isolated and suffered psychological violence from her alcoholic husband. Initially, the pregnancy was undesired but this changed when a POCUS scan revealed a twin pregnancy. Due to increased risk of complications, the process for referral to secondary care was initiated. CES provided a formal ultrasound, laboratory tests, monthly alimentary support, and brief psychological interventions by a mental health community worker. During follow up visits, the woman was diagnosed and effectively treated for anemia, urinary tract infection and bacterial vaginosis. Despite many barriers to receiving specialized care in Chiapas, one consultation was secured as a result of the work of the referrals team and financial support provided. In March 2022, healthy twins returned to the

community clinic. Alimentary support was maintained and the mother reported an improvement in her mental health.

Conclusions: Comprehensive care strategies are especially important when providing services to patients carrying twin pregnancies with added risk factors such as poor access to health services, poverty, food insecurity and violence. These strategies, along with quality care have the potential to improve outcomes and reduce inequities in healthcare.

Keywords: Twin pregnancy; rural communities; primary care; case report

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Footnote

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at <https://jphe.amegroups.com/article/view/10.21037/jphe-2023-apru-ab018/coif>). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee(s) and with the Helsinki Declaration (as revised in 2013). Written informed consent was obtained from the patient for the publication of this abstract. A copy of written consent is available for review by the editorial office of this journal.

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