



## Adolescent Pregnancy and its outcome : An over view

### Gynaecology

**Dr. P. B. Premalatha** M.D.D.G.O Professor&HOD,Department of obstetrics & gynaecology,Tagore Medical College and Hospital,Chennai-127

**Dr. V. Suguna** M.D.D.G.O Assistant Professor.Department of obstetrics & gynaecology,Institute of Social Obstetrics and Govt.Kasturba Gandhi Hospital for Women and Children,Triplicane,Chennai-600005.

**Dr. D. Geetha** M.D.D.G.O Assistant Professor.Department of obstetrics & gynaecology,Institute of Social Obstetrics and Govt.Kasturba Gandhi Hospital for Women and Children,Triplicane,Chennai-600005.

### ABSTRACT

In recent decades, adolescent pregnancy has become an important health issue in a great number of countries, both developed and developing. Adolescent pregnancy is on the rise, emerging as a serious problem all over the world and more so in developing countries like India where early marriages and early pregnancies are long established. Lack of knowledge of contraception due to various reasons is important cause for adolescent pregnancy. It is associated with high maternal morbidity. This study aims to examine the pregnancy and its outcome among adolescents.

**Material and Method:** A detailed survey questionnaire was distributed among the Adolescent pregnant women and details of pregnancy and birth related events were recorded and analyzed.

**Result:** Majority of the cases (97%) were in the age group of 17-19 years. In this study 53.12% adolescent pregnancies were associated with complications. The major maternal complications were Preterm labour 27.45%, Hypertensive Disorders of Pregnancy 20.17%, Premature Rupture of Membranes 18.21%, Abortion 14.57%, Anemia (8.12%). Low Birth Weight 16.86%, preterm births 16% and stillbirths 5% were major adverse foetal outcomes.

**Conclusion:** Adolescent pregnancy is still a common occurrence. It has adverse impact on the health of adolescent mothers leading to various adverse maternal and foetal outcome

### KEYWORDS:

Pregnancy, decade, contraception adolescent, developed country, maternal morbidity

### INTRODUCTION

It is reported by several researchers that pregnancy among adolescents is associated with maternal complications, premature birth, low birth weight, peri natal mortality. Pregnancy complications in developing countries, observed that adolescents were at increased risk of maternal anaemia, pre-term birth and caesarean delivery. Increased school dropout rates, illiteracy, social stigma, isolation from society, unemployment and monetary dependency on others contribute to adolescent pregnancy.

Early childbearing is associated with various health risks for both mother and child. Adolescent mothers are more likely to experience pregnancy related complications which often lead to maternal death. Adolescent pregnancies are considered problematic because complications from pregnancy and childbirth are the leading causes of death in adolescent girls aging between 15 and 19 years in developing countries. It is estimated that 70,000 female teenagers die each year because they are pregnant before they are physically mature enough for successful motherhood. Therefore, teenage pregnancies and births are considered as risky<sup>[1]</sup>.

Adverse maternal outcomes of adolescent pregnancy includes preterm labour, anaemia, hypertensive disorders of pregnancy, urinary tract infection, abortion, sexually transmitted diseases, malaria, puerperal sepsis, mental illness and high rate of caesarean sections for cephalopelvic disproportion and foetal distress.

Adverse foetal outcomes include preterm births, low birth weight infants, still births, birth asphyxia, respiratory distress syndrome and birth trauma or injury. Hence, the present study aims to find out the incidence and to evaluate the various complications associated with adolescent pregnancy.

### METHODOLOGY

A door to door survey was carried out to identify pregnant women. All pregnant women were enrolled in the study. Each pregnant woman was visited once a month to record pregnancy related events till 8 months of pregnancy and weekly visits were carried out in the ninth month. Attempt was made to visit each puerperal woman within 48 hours of delivery. Information regarding events and complications of

pregnancy, delivery and outcome of pregnancy were recorded using a structured questionnaire. The data was collected by trained staff members of the department and interns posted in the department during the study period. Atleast once, each pregnant woman was examined by a doctor during the antenatal period.

### Results:

Out of the 298 adolescent pregnancies, 158 were associated with complications (53%) and the remaining 140 were without any complication (47%). Out of 158 adolescent pregnancies which were associated with complications, 107 were associated with single complication (68%) whereas 51 were associated with multiple complications (32%), indicating that adolescent pregnancies are high risk pregnancies (Table 1).

**Table 1: Distribution according to presence of complication**

COMPLICATION	NO.OF.MOTHERS	%
WUThOUT COMPLICATION	140	47
WITH COMPLICATION	158	53
TOTAL	298	100

The most common complication associated with Adolescent pregnancy during third trimester was Preterm Labour (42). Amongst 34 mothers who had Hypertensive Disorders, 18 had Gestational Hypertension, 13 had Preeclampsia and 3 had eclampsia. 12 pregnant adolescents were found to be anemic, of which 2 had mild, 6 had moderate and 4 had severe anemia (Table 2).

**Table 2: Other complications in teenage pregnancy**

complication	number	percentage
Pre term labour	42	27
Hypertensive disorders	34	21
PROM	31	19
Malpresentation	17	11
Foetal distress	17	11
Anemia	12	8
Medical disorder	5	3
Total	158	100

Out of the 298 adolescent mothers who delivered, majority (244) had normal vaginal delivery (Table 3).

**Table 3: Table showing mode of delivery**

Mode of delivery	Number	percentage
Vaginal delivery	244	82
Caesarean delivery	54	18
Total delivered mothers	298	100

#### Education level of respondents

Of the 298 adolescents under the study, the majority had primary education (102), followed secondary education (137), no education (15) and then higher secondary education with (44), See Table 4 below.

**Table 4 : Percentage distribution of the respondents by educational level.**

Level of education	Number	%
No education	15	5
Primary	102	34
Secondary	137	46
Higher secondary	44	15
Total	298	100

Majority of the babies (223) born out of such pregnancies were healthy babies. The most common adverse foetal outcome noted in the study was Low Birth Weight babies (48babies). 14 babies who needed NICU admissions. There were 13 Still born babies (Table 5).

**Table 5: Foetal outcome of teenage pregnancy**

foeteloutcome	Number	percentage
Alive and healthy	223	74.83
Low birth weight	48	16.12
Nicu admission	14	4.69
Still birth	13	4.36
Total	298	100

#### Marital status of respondents

From table-6, a high proportion of adolescents are single 67.78%. Only 26.85% of adolescents are married with rest divorced 3.02% and widowed 2.35%. Therefore from the results below i.e table -6, it shows that they are more single respondents (67.78%) than the married, divorced and widowed respondents. The married, divorced and widowed respondents have small numbers from the study done.

**Table-6: Percentage distribution of marital status of respondents.**

Marital status	Number	percentage
Single	202	67.78
Married	80	26.85
Divorced	9	3.02
widowed	7	2.35
Total	298	100

#### Knowledge and use of contraceptive methods

From table-7, a high proportion of adolescents 68.4% does not know contraceptive methods and only 31.6% know contraceptive methods.

**Table-7:Percentage distribution of Knowledge and use of contraceptive methods.**

Knowledge of contraceptive method	number	%
No	204	68.45
Yes	94	31.55
Total	298	100

#### Counselling about early pregnancy

From table-8, a high proportion of adolescents 70.14% have not undergone counselling about early pregnancy.

**Table-8:Percentage distribution of Counselling about early pregnancy**

counselled	number	%
Yes	89	29.86
No	209	70.14
Total	298	100

#### Reproductive behaviour

A number of questions were asked that explored some aspects of sexual behavior of the respondents. Among these were; age at first

intercourse, type of sexual partners, sex education and reasons for sex. Since knowledge of reproductive health influences practices of adolescents therefore it was examined. A question was asked whether or not respondents had ever discussed reproductive issues with parents or guardian. Results indicate that the majority (55.0%) had not discussed sex with their parents.

#### The effect of peer influence on Adolescents

During this study, respondents were asked on circumstances and conditions that influence them having sexual intercourse. The results showed that a large proportion (54.1%) of the respondents was due to peer pressure (curiosity). Peer influence as an intermediate variable was examined and analyzed in this study according to the number of friends who had sexual intercourse or are married or had got pregnant.

Table-9 represents the proportion of peer influence (curiosity) among other conditions that influence adolescents into sexual activities. Curiosity which is mainly caused by friends, siblings and others accounted for 54.03% compared to Parties 23.15%, Drunkardness 14.09%, Rape 8.73%. This therefore indicated a significant association that was found to exist between peer influence and adolescent.

**Table -9: The percentage distribution of peer influence among respondents.**

characteristics	number	%
Party	69	23.15
Drunkardness	42	14.09
rape	26	8.73
Curiosity(peer influence)	161	54.03
Total	298	100

From this study, it was found out that the major reason for adolescents having sex seemed to be due to peer influence (curiosity) as indicated by 54.03% of the total respondents. Respondents said that they wanted to try out sex and others they were forced to have sex (raped) 8.73%, and other reasons for having sex were due to drunkardness 14.09%, party 23.15%.

#### CONCLUSION

The present study aimed to evaluate the outcomes and complications of adolescent pregnancy. It was also concluded from the present study that preterm labour, hypertensive disorders of pregnancy, premature rupture of membrane, abortion, anaemia, malpresentations, IUGR, IUFD were major maternal complications; Low Birth Weight and Still Births were major adverse foetal outcomes. Adolescent pregnancy today, still represent one of the most important public health problems. There is no doubt that the obstetrical problems can be managed by modern medicine and so the risk of adolescent pregnancy can be diminished.

The health care provider should consider adolescent pregnancy as a 'high risk' pregnancy and should educate the pregnant teenagers to have more number of antenatal visits so that the signs and symptoms of various complications of teenage pregnancy could be recognized at the earliest. Attention should be given to the use of various screening and diagnostic tests and to the interventions needed if any complication does occur during the course of pregnancy or labour. Proper monitoring of the progress of labour is important to prevent prolonged labour. Education of the female child can play a significant role in delaying marriage and hence delaying childbearing, thus protecting the young girl from being exposed to the various complications of teenage pregnancy.

There is a need to promote the use of Contraceptives amongst the married teenagers and ensuring the availability of contraceptives at a wider scale. Access to contraceptives is the cornerstone in preventing teenage pregnancies while access to abortion services is crucial for managing them. Good antenatal and intra natal services, good neonatal services, contraceptive services and abortion services, all together can minimize the various risks associated with teenage pregnancies to a large extent. With all these measures, we can hope for a world-wide decline in the trend of teenage pregnancy rates and complications in the years to come.

#### Recommendations:

1. Parents need to keep channels of communication open with children so that kids can clear their misconceptions.

2. Teachers should educate children on the need for self-control, use of contraceptives, and safe interventions in case of mishap. They should talk to boys and girls separately and together to explain the consequences of lack of caution, birth control measures and the availability of safe abortion methods.
3. By encouraging sex education, education about abstinence.
4. By providing birth control pills.
5. Promoting community service activities and teaching skills to cope with peer pressure
6. Effective and continuous sex education in primary and post primary schools could have a role to play in pregnancy in adolescents. Because education has much an important effect on the adolescent's lives, it becomes the number one recommended intervention if adolescent pregnancy is to decrease.
7. Mass media like FM radios (where health education messages are usually communicated) could be a potential method to disseminate pregnancy information more widely than hospitals and clinics. This potential should therefore be encouraged and should be exploited with programs scheduled for the most popular slots. Adolescents should be sensitized to maximally use/listen to their radios. This is more likely to capture a large number of adolescents, out of school adolescents inclusive.

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