

Teenage Pregnancy: Complications & Management

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ABSTRACT

Preterm birth is common in girls under twenty years of age because of immaturity of the reproductive organs. There is increased risk of anaemia in adolescent because of nutritional deficiency, especially iron and folic acid. Teenage pregnancy also leads to unsafe abortion. Obstructed labour occurs in young girls (below 15 years of age) due to the small size of birth canal leading to cephalo-pelvic disproportion. Lack of access to medical and surgical care in teenage pregnancy can result in complications like vesico-vaginal and recto-vaginal fistulae.

Pregnant teenagers face many of the same pregnancy related issues as other women. There are, however, additional concerns for those under the age of 15 as they are less likely to be physically developed enough to sustain a healthy pregnancy or to give birth. For girls aged 15–19 risks are associated more with socioeconomic factors than with the biological effects of age. Risks of low birth weight, premature labour, anaemia, and pre-eclampsia are connected to the biological age, being observed in teen births even after controlling for other risk factors such as accessing prenatal care etc.

1. Introduction

In recent decades adolescent pregnancy has become an important health issue in a great number of countries, both developed and developing.

According to WHO, Teenage pregnancy is “any pregnancy from a girl who is 10-19 years of age”, the age being defined as her age at the time the baby is born. Teenage pregnancy and Adolescent pregnancy are synonyms. Adolescent pregnancy remains a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health and poverty¹.

Incidence: It is an important health problem in both developed and developing countries bearing serious social and medical complications relating to maternal and child health.

Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in developing regions². Complications during pregnancy and childbirth are the leading cause of death for 15 to 19 year-old girls globally³.

Every year, some 3.9 million girls aged 15 to 19 years undergo unsafe abortions⁴. Adolescent mothers (ages 10 to 19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years⁵.

As per UNICEF report, worldwide every 5th child is born to teenager mother. It is estimated that globally 13 million births (11% of births) each year occur to girls younger than 19 years of age with varying incidence between countries. Teenage pregnancy in India is 62 per 1,000 women. Although the national policy of GOI advocates the minimum legal age of marriage for girls to be 18 years, 16% of teenage girls, in the age group 15-19 years, have already started childbearing (NFHS-III). Nearly 45% of young women in India marry and begin cohabiting with their husband before the age of 18. A

substantial proportion of young girls are malnourished (nearly 47% teenage girls have BMI <18.5, about 11.4% are stunted, and half of them are anaemic)⁶.

2. Risk of Teenage Pregnancy⁷:

Teenage pregnancy is associated with various adverse maternal and foetal outcomes. It is the second leading cause of death in adolescent girls aging between 15-19 years in developing countries. It is estimated that every year, some 3 million girls aged 15-19 undergo unsafe abortions and about 70000 female teenagers die each year because they are pregnant before they are physically mature enough for successful motherhood.

In this situation, mother's risk for anaemia and postpartum depression is heightened, and the baby is more likely to be born prematurely and have a low birth weight.

Adverse maternal outcomes of teenage pregnancy are – Abortion, anaemia, hypertensive disorder of pregnancy (HDP), UTI, STDs, obstetric fistulas, puerperal sepsis, mental illness and high rate of caesarean sections for cephalopelvic disproportion, foetal distress and postpartum depression.

Adverse foetal outcomes are – Preterm births, LBW infants, still births, birth asphyxia, respiratory distress syndrome and birth trauma. Babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20-24.

3. Causes of Teenage Pregnancy⁸

It includes –

1. Cultural and societal pressure,
2. Disruption of education,
3. Socioeconomic factors,

4. Lack of access to information – bearing on early pregnancy and childbirth.
5. Lack of guidance – no/lack of guidance from parents/friends/relatives for good decision for pregnancy.
6. Lack of access to services – teenage pregnancies tend to be highest in areas with the lowest contraceptive prevalence. Contraceptive prevalence has increased mostly among older, married women but not among adolescents.
7. Incorrect use of contraception.

4. Complications Associated with Teenage Pregnancy⁹

Biologically a teenager is still developing and not yet physically ready to take on an added strain. Her body has special nutritional needs and when pregnancy occurs, it is a strain on already depleted reserves. They are not mentally prepared for motherhood with its added responsibilities and this could rise to mental problem like depression and postpartum psychosis.

Health complications in Antenatal Period¹⁰:

- a) Unsafe abortion,
- b) Pregnancy-induced hypertension (PIH): preeclampsia and PIH can both results in reduced fetal birth weight and growth and place the mother at risk of cardiac complications during pregnancy.
- c) Anaemia,
- d) STIs/ HIV.

Health complications during labour and delivery¹⁰:

- a) Pre-term birth: due to immaturity of the reproductive organs.
- b) Obstructed labour: due to small size of birth canal leading to cephalo-pelvic disproportion.

Health complications in the postpartum period¹⁰:

- a) Anaemia,
- b) Pre-eclampsia,
- c) Postpartum depression,
- d) Too frequent pregnancies.

Problems affecting the newborn¹¹:

- a) Low birth weight,
- b) Perinatal and neonatal mortality,
- c) Inadequet childcare and breastfeeding practices.

5. Care of teenagers during antenatal, intranatal and postnatal period¹²:

Teenager's pregnancies and deliveries require much more care than adult pregnancies. It includes early diagnosis of pregnancy, effective care during antenatal, intranatal and postpartum period. Skilled health services in outpatient or clinical settings help to save the lives of pregnant mothers and their newborns. Teenage pregnancy is a high risk pregnancy, so pregnant teenagers must be educated to have more number of

antenatal visits, so that the sign and symptoms of various complications of teenage pregnancy could be recognised at the earliest. Knowledge about pregnancy complications and recognising the signs of complications should be widely disseminated to pregnant teenagers, their families and the community for insuring that pregnant adolescents deliver with the assistance of a skilled health care provider and have access to support and services for routine as well as emergency care throughout pregnancy, childbirth and during the postpartum period.

Antenatal care: It is important to provide early start to antenatal care. Since teenagers are more susceptible to anaemia in pregnancy, it is important to diagnose and treat them. Adverse outcomes such as low birth weight can be reduced by improving the nutritional status of teenagers before pregnancy and preventing STIs before and during pregnancy. To reduce health risks during pregnancy the following steps are recommended:

- a) Get early prenatal care: to prevent birth defects and other complications.
- b) Stay away from alcohol, drugs, cigarettes etc.
- c) Take adequate Vitamins and iron rich food: for meeting physiological needs of growing teenager as well as growing foetus.
- d) Take adequate rest: 2 hours in afternoon and 8 hours sleep in night.
- e) Emotional support.

Intranatal care: Teenage mother needs skilled care during labour and childbirth to reduce and manage the occurrence of problems. Proper monitoring of the progress of labour is important to prevent prolonged labour.

Postpartum care: This includes the prevention, early diagnosis and treatment of postnatal complications in the mother and her baby. It also includes information and counselling on breastfeeding, nutrition, contraception and care of the baby. Teenager mother follow these things:

- a) Contraception: to avoid too frequent and unplanned pregnancies due to lack of timely access to contraceptive services, proper counselling and provide family planning methods of their choice to avoid future adolescent pregnancy.
- b) Nutrition for adolescent mother: The lactating adolescent needs adequate nutrition to meet her own as well as the extra needs required for breast milk production.
- c) Breastfeeding: exclusive breast feeding is recommended for 6 months.
- d) Family counseling: for their support and care.

6. Discussion

A better understanding of the extent of maternal morbidity is needed to help inform change that can safeguard the lives and well-being of girls and women. Such an understanding is key to achieving the Sustainable Development Goals and the vision of the Global Strategy for Women's, Children's, and Adolescent

Health for every woman, everywhere to survive, thrive, and transform.

7. Possible Solutions To Prevent Teenage Pregnancy^{13,14,15}

Some steps would be helpful to prevent this situation:

- a) **Education:** Majority of teenage pregnancy occurs as a result of lack of education about sex and pregnancy. This should be initiated at school level, within family and open discussion about sex for safe parenthood.
- b) **Screening and counselling:** for sexual risk behaviours, HIV, STDs and dating violence.
- c) **Sexual and reproductive health care services:** to avail the services when required.
- d) **Abstinence/** delaying sex.
- e) **Contraception:** it help to prevent teenage pregnancy.
- f) **Communication:** it is the responsibility to school teachers and parents to communicate the teenagers about the sexual and reproductive health and clarify their doubts.

- g) **Engaging teenagers in extracurricular activities:** for their sense of independence and responsibility.
- h) **Vocational training:** for skills and sexuality education to increase their autonomy, mobility, self-esteem and decision making abilities.
- i) **Parental counseling:** proactive, positive and participatory support to their teenage children.

8. Conclusion

Giving birth during teenage is considered risky because complications from pregnancy and child birth is associated with various adverse maternal and foetal outcomes. Teenage pregnancy is the second leading cause of death in adolescent girls aging 15-19 years. The high abortion rate in this age group indicate that teenage are not physically mature enough for successful motherhood. As the expectant teens are less likely to receive parental care and engaged in unhealthy lifestyle choices including improper diet during pregnancy, mother's risk for anaemia and postpartum depression is heightened, and the baby is more likely to be born prematurely and have a low birth weight.

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