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Teenage pregnancy and associated risk factors and outcome

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Abstract

Background: National Family Health Survey (NFHS) - 3 revealed that 16% of women, aged 15-19 years, have already started childbearing of them urban were 8.7% and rural were 19.1%. Teenage pregnancy is of serious concern because maternal age plays a significant role in adverse outcome and complication of pregnancy. The study was done to find out incidence and analyze the maternal, foetal outcome in adolescent pregnancy.

Method: The study was conducted at M. G. M. Medical College and M Y Hospital from July 2018 to July 2019. All cases of teenage pregnancy who delivered during study period were analyzed for age distribution, mode of delivery, indications for caesarean section, complication and neonatal weight.

Result: Total 996 girls under the age of 20 yr were admitted. 89.1% were 19 yr old, 7.2% of age 18 yrs, 2.4% of 16-17 yr age group, 1.2% were ≤ 15 yr. Out of which 672 pt delivered-8.9% had preterm delivery, 73% had full term vaginal delivery, 10.7% underwent LSCS, 4.8% had abortion. Majority of caesarian sections were done for cephalopelvic disproportion (52%), followed by fetal distress (24%). 54% of delivered babies were having weight between 2 and 2.5 kg and 13% had weight < 2 kg. 14.4% pt were found anaemic, 21.6% were preterm, 10.2% had PIH and 12.4% developed PPH.

Conclusion: In teenage pregnancy risk of anaemia, PIH, preterm pain was high. So we should aim to reduce the incidence of teenage pregnancy, not only to minimize the adverse outcomes on young mothers but also to limit family size by providing adolescent friendly health services.

Keywords: Adolescent pregnancy, risk factors, outcome & prevention

Introduction

Adolescent pregnancy is defined as a pregnancy in girls 10–19 years of age. Over past decade, India has successfully reduced the proportion of pregnancy between 15-19 years to half (16% during NFHS 3 in 2005-06 and 7.9% during NFHS 4 in 2015-16) [1]. Still, the estimation by UNFPA runs to 11.8 million teenage pregnancy for the country. An early marriage inevitably put the adolescent girls at the risk of being pregnant with low contraceptive awareness. High fertility and discontinued education after marriage remain the other facets of concern but the greatest threat of teenage pregnancy is higher rate of pregnancy-related complications, leading to high mortality.

Studies have shown that teenage pregnancy has poor maternal and perinatal health outcomes. Complications during pregnancy and childbirth are the second cause of death for 15-19-year-old girls globally. Every year, some 3 million girls aged 15 to 19 undergo unsafe abortions. Babies born to adolescent mothers face a substantially high risk of dying than those born to women aged 20 to 24. School dropout, poverty, high rate of marriage, pregnancy-induced hypertension, and induced abortion are some of the consequences of adolescent pregnancy on the mother. Preterm delivery, low birth weight, stillbirth, and high fetal and neonatal mortality are some of the consequences of teenage pregnancy for the fetus.

Material & Method

The study was conducted at M. G. M. Medical College and M Y Hospital from July 2018 to July 2019. All cases of teenage pregnancy who delivered during study period were analyzed for age distribution, mode of delivery, indications for caesarean section, complication and neonatal weight.

Inclusion criteria: Females in the Age Group 10 -19 yrs.

Results

Table 1: Age distribution

Age (yrs)	No.	%
19	818	82.1%
18	72	7.2%
16-17	94	9.4%
<=15	12	1.3%
19	818	82.1%

Table 2: Expected monthly income

Expected monthly income	No.	%
College	22	2.2
Secondary(9-12)	110	11
Primary(1-8)	219	21.9
Unable to read and write	645	64.7
College	22	2.2

Table 3: High risk factors associated

Risk factor	No.	%
Anaemia	144	14.4
Preterm	216	21.6
PIH	102	10.2

Table 4: Outcome

Risk factor	No.	%
Preterm labour	60	8.9
FTVD	492	73
LSCS	72	10.7
Abortion	48	4.8

Table 5: Indications for LSCS

Risk factor	No.	%
Cephalopelvic Disproportion	37	51
Fetal distress	18	25
Others	17	24

Table 6: Fetal outcome in terms of baby weight

Baby wt.	No.	%
<2kg	81	13
2-2.5kg	336	54

Total 996 girls under the age of 20 yr were admitted. 89.1% were 19 yr old, 7.2% of age 18 yrs, 2.4% of 16-17 yr agegroup, 1.2% were <or= 15 yr. Out of which 672 pt delivered-8.9% had preterm delivery, 73% had full term vaginal delivery, 10.7% underwent LSCS, 4.8% had abortion. Majority of caesarian sections were done for cephalopelvic disproportion (52%), followed by fetal distress (24%). 54% of delivered babies were having weight between 2 and 2.5 kg and 13% had weight <2 kg. 14.4% pt were found anaemic, 21.6% were preterm, 10.2% had PIH and 12.4% developed PPH.

Discussion

Young women who are sexual minorities in this cohort, particularly bisexuals, were significantly more likely than their heterosexual peers to experience a teen pregnancy. The higher teen pregnancy prevalence among sexual minorities was partially explained by childhood maltreatment and bullying. One additional variable, the earlier age of sexual minority developmental milestones, was a significant risk factor for teen pregnancy among sexual minorities. With these findings, we build on the existing research about sexual orientation-related

teen pregnancy disparities. For example, Saewyc *et al* examined teen pregnancy risk factors across sexual orientation groups using data from teens in British Columbia, Canada. In addition to established teen pregnancy risk factors, the authors examined factors that may be unique to sexual minorities. Compared with heterosexual peers, female participants who are sexual minorities experienced sexual initiation at an earlier age and were more likely to have been sexually abused, both of which are teen pregnancy risk factors. Our results from previous analyses support the finding of an earlier age at sexual initiation for young women who are sexual minorities, and the current study supports the sexual abuse finding.

Conclusion

In teenage pregnancy risk of anaemia, PIH, preterm pain was high. So we should aim to reduce the incidence of teenage pregnancy, not only to minimize the adverse outcomes on young mothers but also to limit family size by providing adolescent friendly health services.

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