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A study on clinical profile of teenage pregnancies

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Abstract
Introduction: One in ten teenage girls become pregnant each year resulting in more than one million pregnancies, more than 6,00,000 births, and more than 3,30,000 induced and 1,50,000 spontaneous abortions.
Methodology: The study comprises of antenatal, intranatal and postnatal period, normal, abnormal consequences and sequelae there off. Most of the patients were admitted to labour room as an emergency admission and few patients attended the antenatal clinic as out patients and very few admitted to the antenatal ward for various complications.
Results: The incidence of premature labour, PROM was high in study group compared to control group. There is not much difference in the incidence of breech presentation, abruptio placenta and PPROM, multiple pregnancy and malpositions.
Conclusion: The incidence of low birth weight is more in study group is 27% compared to 16% in control group.

Keywords: Teenage pregnancy, low birth weight, PROM

Introduction
It is estimated that between 12-13 million teenagers and preteens in the united states are sexually active. Half of all unmarried females have had intercourse by 19years of their age, and percentage of males who are sexually active in their teens is greater. One in ten teenage girls become pregnant each year resulting in more than one million pregnancies, more than 6,00,000 births, and more than 3,30,000 induced and 1,50,000 spontaneous abortions [1].
Adolescents in the United States have the highest rates of childbearing in the world. Each year in England and Wales 10000 school girls become pregnant [2].
There has been a tragic rise in school girl pregnancies. The actual number of pregnancies in teenage girls has shown fluctuations from year to year but has not substantially altered since 1972. There are, however proportionately more births in the younger age ranges. In 1973, under 14's accounted for 4% of school girl pregnancies, rising to 6% in 1983 [3].
Nationally, the general fertility rate has fallen. Taking the three decades 1951-1981, numbers of births per 1000 women aged 15-44 years rose by 19% from 1951-1961, while births per 1000 girls aged 15-19 years rose alarmingly by 76% [4].
During the next 10 years, rates slowed, showing a fall of 6.7% in the general fertility rates with a smaller rise of 38% in the 15-19years age group, this trend continued in the period 1971-1981, with a fall of 26% for all women, and a fall of 45% in the teenagers [5].
The lowest birth rate among teenagers under 20years occurred in 1981. The dramatic fall in teenage fertility has been attributed to better contraceptive services [4].
In India, teenage or adolescent pregnancy is a common occurrence. The incidence of teenage primigravida is 8.4%. Teenage pregnancy rates have been varied from 8-14%, as shown in some previous studies in India i.e. According to sen. 1974; G. Ghosh and Ghose, 1976 and Philips and Shivakamasundari, 1978 [6].

Methodology
The study comprises of antenatal, intranatal and postnatal period, normal, abnormal consequences and sequelae there off. Most of the patients were admitted to labour room as an emergency admission and few patients attended the antenatal clinic as out patients and very few admitted to the antenatal ward for various complications. The history and investigations carried out at the antenatal clinic and ward were-

The age at menarche and LMP were noted and EDD calculated after making due allowance to the regularity or irregularity of menstrual cycle. The expected date of delivery was conveyed to the patient, who was later advised to attend the antenatal clinic regularly once a month up to 28 weeks, once a fortnight up to 36 weeks, once a week later up to 40 weeks, when all the parameters were normal.

Results

Table 1: Complications in Cases and Controls during Labour and Delivery

Complications	Cases (%)	Controls (%)	P value	Statistical significance
CPD	10	8	0.085	NS
Preterm delivery	14	2	0.0029	S
Fetal distress	4	3	0.09	NS
PROM	10	2	0.O5	S
Breech presentation	2	5	0.07	NS
Malposition	1	0	1	NS
Cord prolapsed	1	0	1	NS
Placenta previa	1	0	1	NS
PPROM	1	0	1	NS
Multiple pregnancy	0	1	1	NS
APH	1	2	1	NS
Congenital anomaly	1	0	1	NS

NS-Not significant

Above table shows that the incidences of complications noted during labour and delivery

The incidence of premature labour, PROM was high in study group compared to control group. There is not much difference in the incidence of breech presentation, abruptio placenta and PPROM, multiple pregnancy and malpositions.

Table 2: Mode of Delivery

Mode of delivery	Cases (%)	Controls (%)	P value	Statistical. S
vaginal delivery	76	70	0.5	NS
LSCS	21	17	0.58	NS
Forceps delivery	2	2	1	NS
Assisted breech delivery	0	3	0.24	NS

NS-Not significant

The above table shows that the incidence of assisted vaginal breech delivery LSCS and forceps delivery is compared between cases and controls. The incidence was almost similar in both group and is not statistically significant.

Table 3: Birth Weight

Birth weight(in Kgs)	Cases (%)	Controls (%)
1-1.5	3	2
1.6-2	13	5
2.1-2.5	11	9
2.6-3	64	64
3.1-3.5	8	19
3.6-4	1	1

The incidence of low birth weight is more in study group is 27% compared to 16% in control group.

Table 4: Causes of Low Birth Weight in Cases

Complications	Percentage
Preeclampsia	7
Anemia	7
PIH +anemia	9
PROM+ Anemia	4

The causes for low birth weight are mainly Eclampsia, preeclampsia, and anemia.

Discussion

In the present study the mode of delivery between two groups is not statically significant (P value > 0.001)

The present study is compared with other studies; the results are consistent with the study conducted by Ashok Kumar *et al*. but the study conducted by AK Sharma et al[7] observed not much difference in the results he attributed that it may be because of same socioeconomic status and same cultural background of both groups, and moreover it is a community based study, so correct record of all cases in the community is taken. In the present study all high risk cases will come to us, because it is a tertiary centre and also we have not taken the consideration of socioeconomic status.

In the present study CPD was the major indication for caesarean section followed by fetal distress.

CPD occurs in the teenage gravida since pelvic growth is not usually complete until several years after menarche. Nutritional deprivation will also be responsible for stunted growth and small pelvis.

Table 5: Comparison of Mode of delivery

Mode of delivery	Present study		Ashok Kumar *et al.* [8]		AK Sharma *et al.* [7]	
	Cases (%)	Controls (%)	Cases (%)	Controls (%)	Cases (%)	Controls (%)
LSCS	22	17	32.2	38.5	4.9	7.8
Forceps	2	2	2.7	2.2	0	1.9
Vaginal delivery	76	70	65	59.4	95.3	90.3

Conclusion

India is fast approaching to be the most populous country in the world, and increasing teenage pregnancy, an important factor for the population to rise, is likely to be aggravating the problem. Not only the teenager pregnant ladies themselves are suffering from different complications of pregnancy but also they are

making a future generation already compromised from birth. So our goal should be to improve the reproductive outcome and to decrease the incidence of teenage pregnancy by increasing the public awareness, enforcing marriage law and ensuring female education.

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