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Outcome of teenage pregnancy: Two-year analysis

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Abstract

Outcome of teenage pregnancy- maternal and foetal effects were studied for a two-year period in ISO Kasturba Gandhi hospital, Triplicane, Chennai.

Keywords: Anaemia, mode of delivery, miscarriage, preterm delivery

Introduction

In spite of good health education and adequate legislation to increase the marriage age to 21 years, we still find number of teenage pregnancies occurring in our country. Teenage pregnancy in India is still on the higher side because of early marriage in our society As per FOGSI journal, it has been reported that in 2010 among 1000 girls aged between 15-19 years, 76 were pregnant.

Worldwide: Incidence is 46 for every 1000 girls

Methodology

Study Design: Retrospective observational study.

This analysis was conducted in ISO-Kasturba Gandhi Hospital for a two-year period from January 2015-January 2017.

Study Subjects: Teenage pregnant women in the age group between 13- 19 years.

Number of subjects: 38 (course of their pregnancy, intrapartum events & neonatal outcome)

Age Wise Distribution

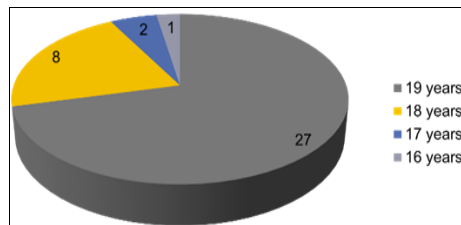


Fig 1: More number of pregnancies (71%) were in the age of 19 years.- 16 year girl - the pregnancy did not reach the period of viability.

2. Outcome of pregnancy

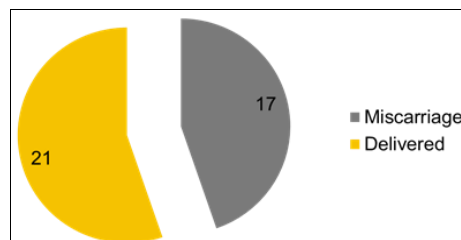


Fig 2: 44.7% of teenage pregnancies had miscarriage. 55.3% of teenage pregnancies delivered

3. Gravida status analysis

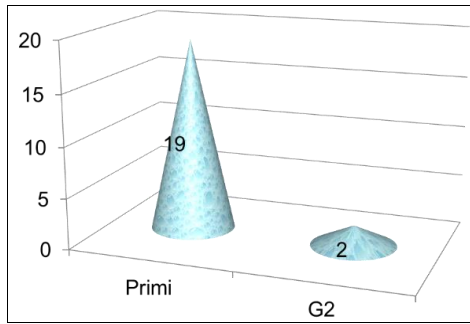


Fig 3: 91.5% - Primigravida, 9.5% - G2. Both these G2 had 1 previous miscarriage

4. Mode of delivery

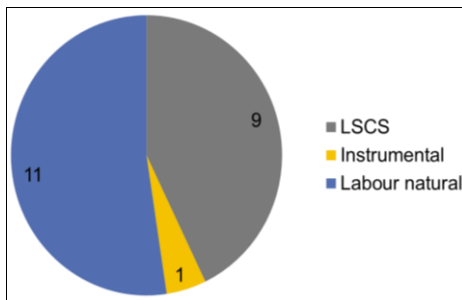


Fig 4: 52.3% had labour naturalis. Instrumental delivery (outlet forceps), 42.8% had abdominal delivery. All were Emergency LSCS

5. Period of gestation at delivery

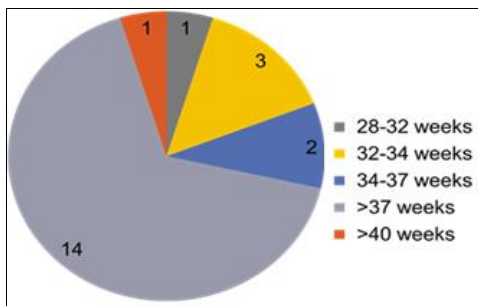


Fig 5: 66.6% - Term deliveries, 28.5% - Preterm deliveries

Medical complications

Anaemia --- 10
 All were treated during the antenatal period and hence they were able to reach term.
 Pre-eclampsia --- 1
 Hypothyroidism --- 1

6. Neonatal outcome

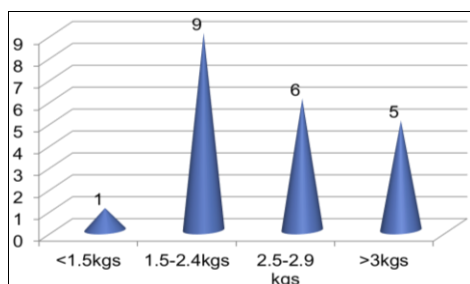


Fig 6: Asymmetrical IUGR -2, Anomalies- 2, Still birth-1

7. Miscarriage

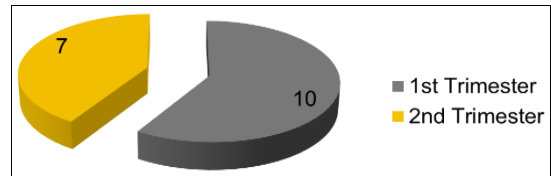


Fig 7: 1st trimester- 58.8%, 2nd trimester – 41.1%

8. Birth defects

Table 1: Foetal anomalies

S. No	Booked/Unbooked	Intake of Folic acid	Consanguinity	Mode of delivery/outcome	Birth defect
1.	Unbooked	Not taken	NCM	Labour natural/still born	Ambiguous genitalia, hydro uretro nephrosis, ascites.
2.	Unbooked	Not taken	NCM	Labour natural (3.25 kgs)	Hydrocephalus, open neural tube defect
3.	Unbooked	Not taken	NCM	MTP- 16 weeks	Spina bifida (external). Cisterna magna, B/L mild ventriculomegaly
4.	Booked	Taken	NCM	MTP @ 18 weeks.	Arnold Chiari malformation (type 2), meningocele

Results

More number of pregnancies (71%) were in the age group of 19 years
 44% of teenage pregnancies ended in miscarriage
 91.5% were Primigravida, 9.5% were G2.
 Equal distribution was found in the mode of delivery.
 1/3 had preterm deliveries
 By giving proper antenatal care for booked cases in our hospital, we were able to give healthy and normal weight babies.
 Almost 20% of babies born to teen mom had birth weight of 3Kgs.
 Sex education in school is a must.
 Creating awareness among public regarding right age of marriage
 Educating girls is one of the most powerful tools to prevent teenage marriage
 “EMPOWER” girls at risk of early marriage and support already married girls
 School health education has to be improved
 All adolescent girls should be screened& treated for medical problems especially anaemia
 Woman education and employment will be an effective way in preventing teenage pregnancy.
 There has been more importance being given to elderly women becoming pregnant
 And it is high time we go back and give importance to prevent teenage pregnancy.

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