



TEENAGE PREGNANCY AND ITS OUTCOME IN TERTIARY CARE CENTRE

Obstetrics & Gynaecology

Dr. Srilakshmi. B Dept Of Ob&Gyn, SVS Medical College, MBNR.

Dr. M. Tripura Sundari* Dept Of Ob & Gyn, KIMS, Hyderabad. *Corresponding Author

ABSTRACT

Teenage pregnancy is a problem for the society, a hazardous event for the obstetrician. The teenage mother bears all the brunt and contributes to the mortality and morbidity in our country⁵. Pregnancies among adolescents are increasing both in the developed as well as developing countries¹. Therefore a Prospective controlled assessment of the Obstetric behavior and outcome of teenage pregnancies is necessary to know the magnitude of the problem.

KEYWORDS

Teenage Pregnancy, Obstetric Outcome, Malnutrition, Preeclampsia.

INTRODUCTION

Adolescence is characterized by interrelated, rapid biological changes, not only does body mass increase but the body changes in size, shape and composition. The rapid maturation of the gonads is accompanied by changes in secondary sex characteristics³. Adolescence is a critical period of biological and psychological change for the individual⁴.

Inevitably the rising incidence of pregnancy among young teenagers is a very traumatic experience, both for the girls and their families. Social factors and education have greatest influence on life of a girl. Good parental care, nutrition, health awareness and sex education will create self-esteem in a girl who can in turn take a responsible decision in planning her pregnancy⁷.

Child marriages and teenage pregnancies are common phenomenon in India, in spite of the legal constraints viz., legal age of marriage for woman being 18 years (completed) as per amendment of 1978, Government of India, and the recommendation that the first child birth should be after 20 years of maternal age². Maternal age is an important factor in determining the obstetrics outcome of pregnancy². Teenage pregnancy is a problem for the society, a hazardous event for the obstetrician. The teenage mother bears all the brunt and contributes to the mortality and morbidity in our country³. Pregnancies among adolescents are increasing both in the developed as well as developing countries.

THE STUDY

AIM:

- To assess the quantum of problem of teenage pregnancy³.
- To identify the factors other than the age in the teenage pregnancy and its outcome⁶.
- To ascertain the different risk factors associated with teenage pregnancy.
- To study the obstetric outcome in teenage pregnancy.
- To find out measures of prevention of teenage pregnancy as well as measures for favorable maternal and fetal outcome².

MATERIAL AND METHODS:

- Type of study- Prospective
- Place of study- Obstetric OPD
- Period of study- June 2017 to June 2019.
- Subjects - Pregnant women in the age group of 13-19yrs.
- Control - The control group consisted of the earliest equal number of women in the age group of 20 to 25 years.
- Detailed A detailed history regarding age, marital status, occupation, social class and obstetrical examination was made.
- Routine investigation like complete urine examination, Blood grouping, Rh typing, bleeding time, clotting time were done for all cases. Hemoglobin estimation was done first-visit, 32nd week and 36th week and at term.
- Ultrasound and VDRL and other special investigations are done in selected cases if necessary. All the patients at the Antenatal clinic were provided with iron and folic acid, and

immunized against tetanus.

- Labour progress, duration and outcome were closely watched. The mode of delivery, third stage complications were recorded if any.

RESULTS:

Table-1 NO. OF PATIENTS IN STUDY AND CONTROL GROUP

	Teenage		Adults	
	No. of cases	%	No. of cases	%
Unbooked	68	61.82	47	42.73
Booked	42	38.18	63	57.27
Total	110	100	110	100

Table-2

Number of visits	Study group (n=110)		Control group (n=110)	
	No.	%	No.	%
6 and more	7	6.36	18	16.64
3-5	35	31.8	48	43.6
1-2	10	0.91	22	20.0
Cases with No ANC	58	52.73	22	20.00
Total cases with ANC	52	47.27	88	81.8

Table-3

	Teenagers		Adults	
	No. of cases	%	No. of cases	%
Normal	85	77.27	101	91.82
PET	18	16.37	7	6.36
Eclampsia	7	6.36	2	1.82

Table-4

	Teenagers		Adults	
	No. of cases	%	No. of cases	%
Normal	67	60.91	64	58.18
LSCS	32	29.09	41	37.27
Forceps	07	6.36	03	2.73
Breech	04	3.64	02	1.82

Table-5

	Study group		Control group	
	No. of cases	%	No. of cases	%
With antenatal care	13	11.82	03	2.73
Without antenatal care	19	17.27	08	7.27
TOTAL	32	29.09	11	10

DISCUSSION:

The worldwide incidence of teenage pregnancy ranges from 3.2% to 42%.

The teenage pregnant women, either they don't seek or less at seeking antenatal advise.

Table-1 Shows that Emergency / Unbooked admission are more in teenagers 61.8% than in adult group (42.7%).

Table-2 Shows that antenatal care in teenagers is very less as compared with the adult group.

Table-3 shows that the incidence of Eclampsia is 6.4% as against 1.8% in adults.

Incidence of PET also considerably high in teenagers.

Table-4 Incidence of LSCS is less in teenagers when compared to the adult group.

Whereas the instrumental delivery is more common in Teenagers as against adult group.

Table-5 Shows the above study it is statistically evident that the prematurity is more common in teenage pregnancy without antenatal care. In spite of antenatal care there are in certain case 11.8% which are premature in contrary to 2.7% in control group, which shows teenage pregnancy is more prone to result in prematurity in spite of antenatal care.

CONCLUSION:

During the two year period of this study of the patients delivered in Krishna Institute of Medical Sciences, Hyderabad, 110 were teenage pregnancies and 20 -25 years of age group cases of equal number were taken as control group. Thus to calculated incidence of teenage pregnancy was 9.53%.

From the present study it is evident that, adolescent pregnancies are more common in illiterate rural families with low socio economic status. 64%. If a adolescent becomes pregnant she is more prone for anemia. The incidence of toxemia is more in teenagers. 6.4%. Incidence of premature deliveries is high in this adolescent age group. 11.8%

Teenage pregnancy is often associated with disappointing outcome, because of the mortality and morbidity involved. 9.9%. The incidence of still births, premature births, low birth weights is high in teenagers. 9.1%. Though the caesarean section rate was low: 29.9%, the rate of instrumental deliveries is more in teenagers when compared to control group. 6.36%. In this present study from above evidence, the following conclusions were drawn.

Teenage pregnancy is not only a major contributor to the population explosion but also it adds to the mortality and morbidity among the adolescents. Proper education and adequate nutrition should be provided to all adolescent girls. No marriage before 19 years, if married, proper counseling for strict contraceptive measures for no pregnancy during teenage. In spite if a teenager becomes pregnant, additional nutritional supplement, timely antenatal care and institutional delivery should be the ultimate aim.

Emphasis on delaying the onset of child bearing beyond 20 years of age should be an important element of population control program.

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