

## Perinatal Outcome in Teenage Mothers

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### Summary

Opinions vary in pregnancy outcome of teenage mothers but many think that teenage constitutes a high risk group of pregnancy requiring high priority services. In our institution incidence of teen age mothers coming for delivery is around 11%. Present study deals with 400 cases of teenage mothers admitted for delivery with 400 control cases between the age group of 20 to 29 years of age. Number of women who had received some antenatal care in both groups was almost same. Incidence of anaemia was not very different. Toxaemia of pregnancy was present in significantly more women of younger age (P value <0.005). In general caesarian section rate was similar but 73.68% patients of breech presentation needed caesarian section amongst teenagers. Duration of labour was more in these women (mean duration 17 hrs and respectively). Incidence of low birth weight babies (2 kg.) was 11% and perinatal loss 77.5/1000 births. Teenage mothers seem to be at higher risk of child bearing with high perinatal risk. Pregnancies should be discouraged not only for this but for limitation of fertility and other social reasons.

### Introduction

Opinions vary about pregnancy outcome of teenage mothers but many think that teen age constitutes a high risk group requiring high priority services [6] (Srinivasan - et.al 1985). It is thought that teenagers face greater risks of child bearing than women in their twenties (population reports 1985). With a considerable number of pregnancies occurring in this group, it becomes matter of concern. [2] Bury (1985) reports that 5% of girls experience pregnancy by the age of 20 years, 80% of them outside marriage. One third of these pregnancies end in abortions. This situation seems to be little different in our country because the prevailing custom of early pregnancies. Hence, unwed mothers coming for confinement are unfrequent. The present prospective study compares the outcome of singleton pregnancies of 400 teen age mothers with that of 400 mothers aged 20 to 29 years providing a control group.

## Material and Methods

The present study was undertaken in the department of obstetrics and gynaecology of Mahatma Gandhi Institute of Medical Sciences 'Sevagram of Central India'. This rural medical centre drains most of the abnormal cases from nearby villages and townships. Teenage mothers constitute around 11% of all delivers, around 75% of them are primigravidae. Four hundred cases were analysed in each of two groups of teenage mothers and controls in age group 20-29 years.

## Observations

It was observed that whereas 42% of women had received no antenatal care in the study group. In the control group this figure was 41%. Out of 400 teenage pregnancies, 5% were below 15 years of age and 87% were between 18 to 19 years age. Primigravidae accounted for 75.5% of the cases. Anaemia (Hb 10.0gm%) was prevalent in 70% of cases and toxemia of pregnancy was found in 14% of cases.

**Table I.:** Major antenatal and intranatal problems

Problems	Study Group (%)	Control Group (%)
Anaemia	70	61
Toxaemia	14	8
Preterm-labour	14	13
Antepartum-Haemorrhage	3	3
Duration of labour 12 hrs.	43	29
Duration of labour 24 hrs.	15	11
Normal cephalic presentation	92	94

Table 1) 92% women had normal and 8% abnormal presentation in study group (Table 1). In 43% of these women labour lasted for more than 12 hrs but in control group this situation was 29% of patients (p value of 0.001). Whereas 70% women had normal delivery in study group, 73.068% cases with breech presentation required caesarian section (Table II). Caesarian section rate was 21.5% and 19.5% in study and control groups respectively. In the study group 11% of mothers had babies with low birth weights (2000gm) babies as compared

to 7% in control group (p value 0.05). The perinatal loss was 77.5/1000 births in study group as compared to 5705/1000 control group (p value 0.001). Maternal mortality was 520.83 and 257.06 per 100,000 live births respectively (p value 0.001).

**Table II .: Mode of Delivery**

Mode of Delivery	Study Group (%)	Control Group (%)
Normal	72.00	74
Breech	1.25	2.75
Forceps	5.75	3.75
Caesarian Section	21.00	19.50

## Discussion

It is thought that teenage pregnancies are at higher risk for adverse outcome to the mothers. The major complications in young mothers are thought to be high blood pressure, iron deficiency anemia, cephalopelvic disproportion and low birth weight babies. (Srinivasan 1985). Population Reports 1985 Net work 1988). Incidence of teenage pregnancy here was 11.87% during this study period. Report incidence ranges between study period. Reported incidence ranges between 1.4% to 15.7% (Srinivasan et. Al 1985 Bury 1985). Although opinions vary about pregnancy outcome, there is unanimous opinion that toxemia of pregnancy is more often present. It is thought to be because of immaturity of maternal organs and endocrinal underdeveloped [1](Bhattacharya and Choudhary 1985),[4] Medical Times 1989. Other major problem is of fetopelvic disproportion, probably because of potential size of pelvis. In our series also although the incidence of caesarian section was only marginally more in study group, 73.68% breech presentation required caesarian section whereas in control group 61.22% delivered vaginally. Similarly the duration of labour was longer (43% as compared to 29% in control group 12 hours). Srinivasan et.al (1985) also found the same results. In their study, caesarian sections needed in general were less of a problem compared to foetopelvic disproportion. Low birth weight is thought to be another common problem in teenage mothers. Some think that parity and perenatal care are the key variables mediating the relationship between young maternal age and sub optimal outcome. [3] Elster (1985) found that poor care than age is an important factor in primigravidae. In young multigravidae age is also significant. In our study the incidence of low birth weight babies is greater in teenage mothers when they were matched for antenatal care as compared to others (p value <0.05). Similarly prenatal and maternal loss was significantly high.

Young mothers seemed to be at higher risk of some pregnancy problems and adverse prenatal outcomes. Not only for this reason but also for reasons of fertility limitations teenage pregnancy should be discouraged as more years are available for more pregnancies. In young women subsequent pregnancies should be discouraged as rapid repeat pregnancy in young mothers increases perinatal risks. Too early is added to too soon (population reports 1985).

### **Summary and Conclusions**

In this study of teenage pregnancies it was found that incidence of teenage confinements (beyond 28 weeks )here was 11.87%. Out of 400 singleton cases of teenage patients studied 75.5% were primigravidae, toxemia of pregnancy more often present. Incidence of anaemia and caesarian section was only marginally increased but duration of labour was increased in more women of young age. The incidence of low birth weight babies was high in teenage mothers and so also perinatal and maternal loss.

Teenage pregnancy should be discouraged not only to minimise these problems of young pregnant mothers but also to limit family size. Quick subsequent pregnancy should definitely be discouraged to reduce further perinatal risks. Rapid repeat pregnancies in young mothers should also be discouraged. Not only this but pregnancy among adolescents are also likely to lead to less education and job problems.

### **References**

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