

PERINATAL OUTCOME IN TEEN AGE MOTHERS

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SUMMARY

Opinions vary in pregnancy outcome of teen age mothers but many think that teen age 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 teen age 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 11 hrs 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 teen age mothers but many think that teen age constitutes a high risk group requiring high priority services (Srinivasan - et al 1985). It is thought that teenagers like women over the age of 35 years 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 a matter

of concern. 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 of the prevailing custom of early marriages. 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.

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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 deliveries, 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 of 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

	IN %	IN %
Anaemia	70	61
Toxaemia	14	8
Preterm-Labour	14	13
Antepartum-Haemorrhage	3	3
Duration of Labour		
12 hrs.	43	29
24 hrs.	15	11
Normal cephalic presentation	92	94

(Table I). 92% women had normal and 8% abnormal presentation in study group (Table I). In 43% of these women labour lasted for more than 12 hrs but in control group this situation was in 29% of patients (p value 0.001). Whereas 70% women had normal delivery in study group, 73.68% cases with breech presentation required caesarian section (Table III). 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 births weights (2000 gm) 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 57.5/1000 births of 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
STUDY GROUP CONTROL GROUP

	IN %	IN %
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 for mother baby. The major complications in young mothers are thought to be high blood pressure, iron deficiency anaemia, 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. 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 (Bhattacharya and Choudhary 1985), 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 presentations required caesarian section where as in control group 61.22% delivered vaginally. Similarly the duration of labour was more in highly significantly more women (43% as compared to 29% in control group 12 hrs). Srinivasan et al (1985) also found the same results. In their study also caesarian sections needed in general were not more but problem of foetopelvic disproportion was more. Low birth weight is thought to be another common problem in teenage mothers. Some think that parity and perinatal care are the key variables mediating the relationship between young maternal age and suboptimal outcome. Elster (1985) found that poor care than age is important factor in primigravidae. In young multigravidae age is also significant. In our study incidence of low birth weight babies more in teen age mothers when they were matched for antenatal care as compared to others (p value <0.05). Similarly perinatal and maternal loss was significantly high.

Young mothers seem to be at higher risk of some of pregnancy problem and adverse perinatal outcome. Not only for this reason but also for reasons of fertility limitation teenage pregnancy should be discouraged as more years are available for more pregnancies. In young primipara subsequent pregnancy should be discourage as rapid repeat pregnancy in young mothers in-

creases 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 teen age confinements (beyond 28 weeks) here was 11.87%. Out of 400 sigleton cases of teen age 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 teen age mothers and so also perinatal and maternal loss.

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

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