

## TEENAGE PREGNANCY : A RETROSPECTIVE STUDY

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### SUMMARY:

A review of teenage pregnancies was made which high lighted certain important facts. The incidence of PIH was 23.7%, that of eclampsia was 8.7%, whereas that of premature labour was as high as 30%. Assistance was frequently called for in such cases. Teenage pregnancy out of wedlock are on the rise in our country, the only way out of this burning problem is to impart sex education and contraceptive advice to our teenagers.

### INTRODUCTION

It is estimated that between 12 and 13 million teenagers are sexually active (Lincoln, 1976) in the United States. Half of all unmarried females have had intercourse by 19 years of age, the percentage of males who are sexually active in their teens is even greater. One in ten teenage girls becomes pregnant each year, resulting in more than 1 million pregnancies, and that some 30,000 of these are under the age of 15. For the teenager who become pregnant before 15 years of age the risk of maternal death is 60% higher. Infant mortality data indicate that of first babies born to women under 15 years of age, about 6% die in their first year - a rate 24 times higher than for older women.

Western society is more permissive and flexible in its attitude in accepting a teenage pregnancy out of wedlock, whereas our conservative Indian society carries a definite social stigma.

Our teenagers have to pay the price for the transformation to industrialization, urbanization and social uplift.

### MATERIAL AND METHOD

The present study was carried out in the Department of Obstetrics and Gynaecology, S.N. Medical College, Agra.

A review of 100 teenage pregnancies was made, over a period of nine months.

The present study is a retrospective assessment of obstetric behaviour and outcome of eighty teenage deliveries.

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The teenage pregnancies which ended in abortions, either spontaneous or induced have been excluded from this study.

A detailed history regarding age, marital status, occupation, social status, educational status, family background and knowledge as regards sex education and contraception. A thorough clinical and obstetrical examination was also made.

#### OBSERVATIONS, RESULTS AND DISCUSSION:

This study highlights the fact that child marriages are still prevalent in our society. Table I shows their distribution in this study. The only remedy for this existing problem is social upliftment and health education.

**TABLE - I**  
**SHOWS AGE -WISE DISTRIBUTION**

Age (Yrs)	No. of Cases	%
13-15 (early teens)	11	11
16-17 (mid teens)	29	29
18-19 (late teens)	60	60

Our study revealed that 80% of the young patients were unmarried as shown in Table II.

**TABLE - II - SHOWS AGE DISTRIBUTION AND MARITAL STATUS**

Age	Married		Unmarried	
	No.	%	No.	%
13-15 Yrs	9	81.9	2	18.1
16-17 Yrs	22	75.9	7	24.1
18-19 Yrs	49	81.6	11	18.3

Due to the increased rate of complications seen during pregnancy and at delivery, this group, comes under the purview of 'High Risk' Pregnancy requiring constant and regular supervision. Table III shows details of complications encountered.

**TABLE III - SHOWS PREGNANCY COMPLICATIONS**

Complications	No. of Cases	%
1. P E T	19	23.7
2. Eclampsia	7	8.7
3. Anemia	9	11.2
4. Premature Labour	24	30.0
5. Prolonged Labour (> 20 hrs)	11	13.7
6. Cephalo-pelvic disproportion	5	6.25
7. Obstructed Labour	3	3.7
8. A.P.H.	2	2.5

Incidence of PIH has been variably reported by various workers, from 3.4% Semmens and McGlemory 1960 to 28% (Mussio 1962) In our study the incidence was 23.7%.

Goswami and Goswami (1989), reported the incidence of eclampsia as 6.95%, whereas in our study ther incidence was much higher i.e. 8.7%.

The incidence of premature labour was as high as 30%, similar observation has been reported by other workers Lawson and Stewart 1967, Rajaram and Durgamba 1970.

Prolonged labour requiring intervention was seen in 11 cases. severe anemia had an incidence of 11.2%. Three cases had come in obstructed labour with hand prolapsed. Cephalopelvic disproportion was encountered in 5 cases, who underwent C. Section.

The C. Section rate in our study was 13.7% whereas forceps delivery had a even higher rate of 21.2%. Since assistance is frequently called upon such deliveries, these should be conducted in a well equipped centre, under close supervision of an obstetrician.. Table IV gives the details of the type of deliveries in this group of teenage pregnancies.

TABLE IV - TYPE OF DELIVERY

Normal Vaginal Delivery		Assisted Delivery			
No.	%	Forceps		C. Section	
		No	%	No.	%
52	65	17	21.3	11	13.7

In our literate society, where teenage pregnancies out of wedlock, are on the rise, sex education and contraceptive knowledge should be made an integral part pf health education.

CONCLUSION

The seriousness of this situation highlights the fact that although we may not fully understand all the ramifications of the problem, it is important that the medical profession take the initiative in developing solutions. The practicing obstetrician should be aware of the changing environment in which we now practice medicine and should become increasingly committed to meeting the special needs of this very special group of females- "the pregnant teenager".

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TABLE II - MARRIAGE STATUS AND MARITAL STABILITY

Age	Married		Unmarried	
	No.	%	No.	%
13-17yr	2	3.1	2	3.1
18-19yr	1	1.3	1	1.3
20-24yr	11	13.9	11	13.9