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Pregnancy Outcome in Adolescent Age group in Al Sader Teaching Hospital

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ABSTRACT

To evaluate the obstetrical complications and neonatal outcome of teenage pregnancies in comparison with older group. This study was carried out in Al Sader teaching hospital in misan city in 2015.This study included 100 primigravida women aged 10-19 year as a case group & 100 primigravida women aged 20-25 year as a control group admitted to labour ward during the period of study, all women received standard labour management including history & complete general & obstetric examination. Both groups were compared for the presence of any pregnancy complication & the mode of delivery, Neonatal outcome. Excel 2010 is used for statistical analysis Results: teenage pregnancy accounts for 15% of the total pregnancies. In adolescent age group most of the pregnancies occur between 16-19 years (41%) & (2%) for those aged <15 years. The adolescent employers are lesser than the employers of control group (5% vs. 11%). Higher maternal & neonatal complications in case group compared with control group and as follows :preterm 6% vs. 2% , anemia 21% vs. 7%, LBW 9% vs. 4% , admission to NICU 15% vs. 6% .

Keywords: Primigravida, Pregnancy Outcome

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INTRODUCTION

World health organization identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to19. [1]Adolescence is divided into: early adolescence(10 -14) year, middle adolescence(15-18) year, late adolescence(18-21) year.[2] Teenage pregnancy is referred to a teenage that becomes pregnant. About 16 million girls aged 15 to 19 and some 1 million girls fewer than 15 give birth every year—most in low- and middle-income countries. Complications during pregnancy and childbirth are the second cause of death for 15-19 year-old girls globally, and every year, some 3 million girls aged 15 to 19 undergo unsafe abortions.[1] Many girls who become pregnant have to drop out of school. Pregnancy in this period of life is often associated with pregnancy related complications, such as anemia, pregnancy induced hypertension, preterm delivery, maternal mortality[3] Newborns born to adolescent mothers are also more likely to have low birth weight, small for gestational age (SGA) babies, perinatal and neonatal morbidity and mortality.[1]

MATERIALS AND METHOD

A prospective, case control study conducted in Al-Sader teaching hospital in Misan province from first of December 2014 to 1st of March 2015. The women included in this study were 100 women aged 10-19 years as a case group &100 women aged 20-25 years as a control group. The inclusion criteria were a primigravida women admitted to labor ward with a history of starting true labour. The certainty of gestational age was established according to last menstrual period & a booking ultrasound examination. Antenatal complications of pregnancy were recorded either from the patient herself or from her file. All women were sent for laboratory investigations including hemoglobin level & urine examination. Anemia was defined as hemoglobin level of less than 10 g/dl[4] Hypertension was present when blood pressure is equal or more than 140/90 mmHg. Spontaneous preterm labour was defined as occurrence of spontaneous labour resulting in delivery before 37completed weeks. Low birth weight (LBW) is the weight at birth of less than 2500 gram irrespective of the gestational age.[5] All women were followed for the followings: mode of delivery , neonatal outcome parameters including : term or preterm baby, weight, admission to neonatal intensive care unit (NICU) . Statistical analysis was performed with chi square test. The program used was excel 2010

RESULTS AND DISCUSSION

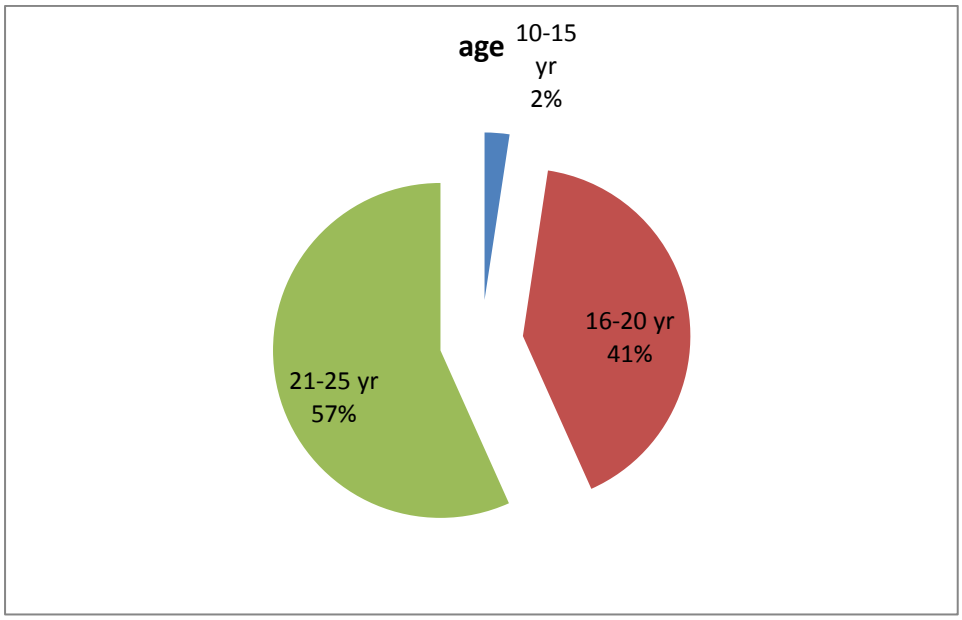

Figure 1: shows the age distribution of the woman, most of adolescent women (41%) conceived between 16 – 20 years while peak incidence of pregnancy among control group is between 21 – 25 (57%).

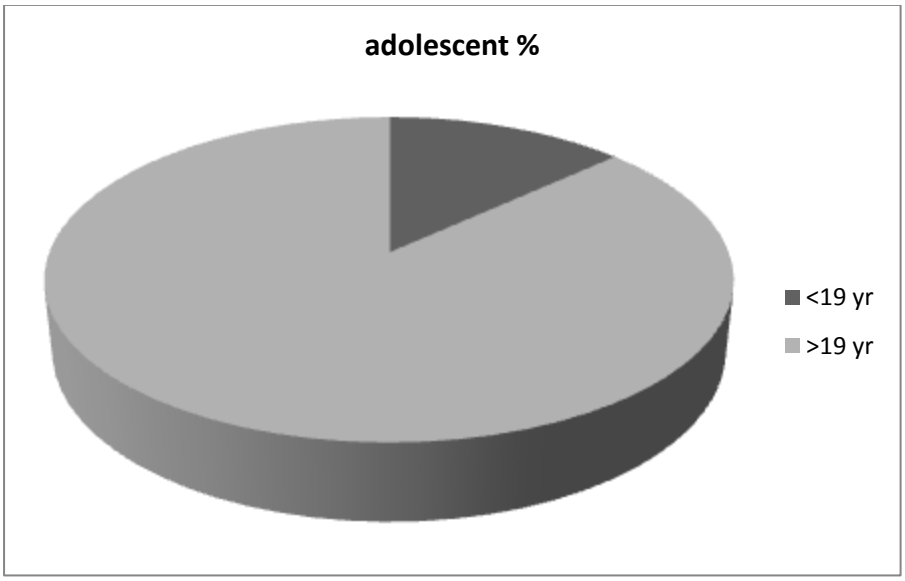

Figure 2: shows the percentage of adolescent pregnancy 15% from the total number of pregnant women during the period of study.

Table 1: shows that most women ages between 10-19 years are housewives (95%) compared to control group.

Job	Case	Control	P value
Housewife	95	89	0.11
Employer	5	11	
total	100	100	

Table 2: Shows the frequency of pregnancy complications in both groups , it shows that the incidence of complications (anemia & preterm delivery) in women aged 10-19 years are higher in comparison to women aged 20-24 years

complications	Case	Control	P value
No complications	67	83	0.002
Preterm	6	2	
Anemia	21	7	
Antepartum hemorrhage	0	2	
Hypertension	6	6	
total	100	100	

Table 3: Shows the mode of delivery in both groups , where there was higher incidence of caesarean section, but statistically no difference (25% versus 21%)

Type of delivery	case	Control	P value
C/S	25	21	0.5
VD	75	79	
total	100	100	

Table 4: Study the neonatal outcome in both groups.

Neonatal outcome	case	Control	P value
normal	74	87	0.03
Low birth weight	9	4	
Admission to NICU	15	6	
Still birth	2	3	
total	100	100	

There was (9%) birth weigh less than 2500 kg born to the teenage women compared with (4%) in the older age group, also there was higher incidence of admission to NICU among babies of teenage mother (15%) compared to control group.

DISCUSSION

Teenage pregnancy is a worldwide problem bearing serious social & medical implications relating to maternal & child health. [6] In our study the highest pregnancy rate in teenage occur between 16-19 year old(41 %) compared to a study conducted in Basra teaching hospital where the highest pregnancy rate occur at 19 year old.[7] In our study we found that teenage mothers aged <19 year old were 15% from the total number of deliveries during the period of study, and this percentage of teenage mothers is higher than the percentage of teenage mothers in Nepal which was 11%.[3] The differences in these rates is probably due to the socio-cultural differences between the two studies.

In our study the high percentage of adolescent pregnancy mostly due to religious causes, where early marriages are encouraged, and education of the teenage girls is not considered priority. and this may explain the highest number of housewives (95%) in teenage mothers compared to

employer (5%) or educated mothers, and there was no difference in level of education or employment between case and control group.[8] This may be due to ignorance of education and the priority for marriage rather than complete their education and getting employment or even leaving their school when they married or they may complete their school years but they don't have chance of employment in our country which is common.

Regarding the maternal complications like hypertension we found no significant difference between the study group and the control group (6%), this is in agreement with Mahfouz et al [(9).] But we found significant difference in anemia between the study group & the control group (21% vs. 7%), which was different from Al Basra study where they found no significant difference.[(7)] Most of our teenage pregnancy mothers they did not have regular or even any antenatal care visits. In our study there was higher incidence of spontaneous preterm labour (6% versus 2%) & low birth weight babies (9% versus 4%) and admission to neonatal intensive care unit (15% vs. 6%) in teenage group in comparison to older age group, and this result is in agreement with Al Basra study [(7)] and a study in India. [10]

Regarding the mode of delivery between the study group and the control group we found no significant difference in the incidence of cesarean section, and this finding was in agreement with other studies [11]

CONCLUSION

Teenage mothers are at increased risk of maternal complications, preterm birth & delivery of low birth weight babies. This study highlights the importance of ensuring that a pregnant teenage should have appropriate antenatal care as well as social support to avoid medical problems . We should take steps not only to improve the reproductive outcome but also decrease the incidence of teenage pregnancy by increasing public awareness, ensuring female education.

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