

TO COMPARE THE PREVALENCE OF PREGNANCY COMPLICATIONS AMONG TEENAGE MOTHERS AND CONTROL MOTHERS

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Abstract

Background & Method: This is a prospective observational study was conducted in the Department of Obstetrics & Gynaecology, Index Medical College Hospital and Research Centre, Indore. Cases were enrolled from amongst the women admitted for delivery in the labour room. All consecutive primigravida women below 19 years of age were enrolled as the study group and consecutive primigravidas above 19 years equal to the number of study group (210 each), served as the control group.

Result: The incidence of anaemia, PIH, pre-eclampsia, eclampsia, malpresentation, hyperemesis, and threatened abortion is higher in study group as compared to control group. Obstructed labour and postpartum psychosis were found only in teenage mothers and not in adults. Spontaneous vaginal delivery occurred in 74.3% of cases of study group which was significantly higher than that in control group (59%). While the rate of assisted delivery (25.7%) and cesarean section (16.2%) was much less than that of control group which was 41% and 26.6% respectively. This may be related to a higher number of low birth weight babies in the study group that deliver spontaneously vaginally.

Conclusion: Complications of pregnancy like anaemia and PIH were significantly higher in study group as compared to control group. An approach for prevention of teen pregnancy will be to create awareness through abstinence education programme, clinic focused program to bring about behavioural changes in the teens. Early childbearing can be postponed by delayed early marriage and delaying the time of the first birth through the effective use of family planning methods. In young woman subsequent pregnancies should be discouraged as rapid repeat pregnancy in young mothers also increases perinatal risks.

Keywords: pregnancy, complications, teenage & prevalence.

Introduction

The reason for high incidence of young pregnancy in created nations is for the most part early sexual exercises in unmarried youngsters that as well, without utilization of any contraception. The most noteworthy juvenile rates of birth happen in sub-Saharan Africa, and in certain nations in South Asia and Latin America[1]. Transitional figures are found in the Middle East and North Africa, in the USA and Eastern Europe. In created nations the most noteworthy frequencies of young adult pregnancies, early termination and births are recorded in the USA, with an inclination to diminish as of late. The most minimal young adult rates of birth are found in the Scandinavian nations, Switzerland, the Netherlands, Japan, Korea and China[2].

Adolescent pregnancy is named as a high danger pregnancy since it is related expanded maternal, deadly and neonatal bleakness and mortality, commitment of facility research in the field of pregnancy result that the pre-order for effective youngster hearing are youth wellbeing and exclusive requirements of obstetric care[3]. He likewise said that there is obviously more to be considered for ladies in the modern world than the propagation greatness of ladies under 20 years old.

During adolescence, the ovary fills in size by an expansion of stroma however is generally calm. Ova do endeavor to mature occasionally, however they neglect to finish the cycle and become blighted[4]. The ovary most likely first sheds an ovum about the hour of the beginning of period, yet ovulation isn't normally settled as an ordinary wonder until 2-3 years after the menarche.

Material & Method

This is a prospective observational study was conducted in the Department of Obstetrics & Gynaecology, Index Medical College Hospital and Research Centre, Indore from August 2018 to July 2019.

Cases were enrolled from amongst the women admitted for delivery in the labour room. All consecutive primigravida women below 19 years of age were enrolled as the study group and consecutive primigravidas above 19 years equal to the number of study group (210 each), served as the control group.

Neonate was clinically examined, gestational age and anthropometric parameters (weight, length, chest circumference) were assessed as soon after delivery as possible, preferably within 24 hours of birth. Head circumference was recorded after 48 hours of birth to

eliminate error due to skull moulding and caput succedenum.

Inclusion Criteria

1. Only primigravidae were taken
2. Mothers who were sure of their age
3. Mothers at term or in labour pain

Exclusion Criteria

1. Multigravidas were not taken in the study
2. Mothers unsure of age
3. Mothers undergone MTP or aborted spontaneously or pregnancy not reached upto 28 weeks due to any reason
4. Mothers undergone any surgery on uterus before conceiving, like myomectomy or undergone any surgery for treatment of infertility were also excluded from the study.

Results:

Table 1: Antenatal Registration of Cases and Control Group

Antenatal Registration	Study		Control	
	No.	%	No.	%
Booked	62	29.5	92	43.8
Emergency	148	70.5	118	56.2

$P < 0.05$, significant above table shows that incidence of unregistered cases was much higher in study group (70.5%) than that in control group (56.2%). This may be the direct result of higher incidence of illiteracy in the control group.

Table 2: Correlation of Maternal Age with Type of Labour

Type of Labour	Study		Control	
	No.	%	No.	%
Spontaneous vaginal delivery	156	74.38	124	59.0
Assisted / induced labour	54	25.70	86	41.0

Spontaneous vaginal delivery occurred in 74.3% of cases of study group which was significantly higher than that in control group (59%). While the rate of assisted delivery (25.7%) and cesarean section (16.2%) was much less than that of control group which was 41% and 26.6% respectively. This may be related to a higher number of low birth weight babies in the study group that deliver spontaneously vaginally.

Table 3: Distribution of cases according to Pregnancy Complications

Complications	Study		Control	
	No.	%	No.	%
Anaemia	80	38	40	19
PIH / preeclampsia	42	20	30	14.28
Eclampsia	08	3.80	02	0.95
Malpresentation	14	6.6	12	5.70
Hyperemesis	06	2.85	02	0.95
Threatened abortion	08	3.80	02	0.95
Postpartum psychosis	04	1.90	-	-
Obstructed labour	02	0.95	-	-

The incidence of anaemia, PIH, pre-eclampsia, eclampsia, malpresentation, hyperemesis, and threatened abortion is higher in study group as compared to control group. Obstructed labour and postpartum psychosis were found only in teenage mothers and not in adults.

Discussion

Wellbeing chances, teen pregnancy hampers further training of female young people and subsequently, procuring limit and by and large prosperity. Additionally, it normally ends a young ladies' instructive profession, undermining her future financial possibilities, acquiring limit and by and large well being[5&6]. Pregnant youths more youthful than 17 years, have a higher rate of unexpected problems including the mother and youngster

than do grown-up ladies, despite the fact that there are arising information that these dangers might be most noteworthy for the most youthful teenagers[7].

A Study showed the occurrence of perinatal death rate in high school pregnancies to be 1.1%. Another investigation showed pregnancy wastage in young moms to be 17.5% rather than 3.5% in adults[8].

Pregnancy of an actually developing young lady implies an expansion in healthful necessity, for the development of embryo as well as for the mother herself, which definitely prompts adolescent mother to the jaws of lack of healthy sustenance and she needs to experience the ill effects of different pregnancy confusions like deterred work, hindrance of fetal development, untimely birth, and so on Reaction to early termination including dangerous fetus

removal, prompts high danger of maternal grimness and mortality[9].

Conclusion

Complications of pregnancy like anaemia and PIH were significantly higher in study group as compared to control group. An approach for prevention of teen pregnancy will be to create awareness through abstinence education programme, clinic focused program to bring about behavioural changes in the teens. Early childbearing can be postponed by delayed early marriage and delaying the time of the first birth through the effective use of family planning methods. In young woman subsequent pregnancies should be discouraged as rapid repeat pregnancy in young mothers also increases perinatal risks.

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