

Pregnancy, labour, and puerperium of teenage mothers in J. Śniadecki Provincial Hospital of Białystok

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ABSTRACT

Purpose: Pregnancy of teenage girls is of high-risk. It requires special care and concern in the medical, socio-economic, legal, and psycho-pedagogical aspect. The aim of this study was to analyze the incidence of early motherhood, the course of pregnancy, labour, puerperium and newborn assessment.

Material and methods: The research was conducted on 152 women giving birth and hospitalized in J. Śniadecki Provincial Hospital of Białystok in 2007-2008. One the characteristics' of the examined group was the highest percentage of unmarried women of all.

Results: Teenage mothers did not examine pregnancy or reported to a doctor relatively late.

Mostly registered complication was the risk of premature birth. Pregnancy among young women was ended in caesarean section more often than usually and infants were in worse clinical condition. Problems with breastfeeding and anaemia were also reported during the puerperium.

Conclusions: Teenage pregnancies were not controlled or mothers reported to a doctor in the late stage of gestation. The most common complication was the risk of premature delivery. Teenage pregnancies, more than other, were ended in caesarean section.

Keywords: labour, teenage pregnancies, mothers

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Received: 21.04.2011

Accepted: 31.05.2011

Progress in Health Sciences

Vol. 1(1) · 2011 · pp 89 - 95.

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INTRODUCTION

Motherhood is a mother and child relationship, which constitutes the exclusive privilege of women. The relationship creates lots of unlimited emotional dependency. In this context, a woman fulfils herself in the role of 'being a mother'. This situation affects the growth of her position in the family and enhances self-esteem [1, 2].

Over the years the role and position of women have changed, and motherhood became a choice between different values of social life [3]. Giving a birth is one of the most wonderful experiences. Pregnancy is a period full of expectations, emotions, and many hopes. It is also the time of taking full responsibility for the newborn child's development and upbringing. A woman becomes sexually matured with the appearance of menarche that falls at the age of 12-13 nowadays. In recent decades the age is steadily and systematically lowering. Unfortunately, psychological and social development does not always accompany biological one [3].

The process of political transformation in Poland influenced the change of life preferences and revalue customs and social norms. The public has clearly liberalized its views on morality, ethics and sex life. The behaviour of underage people confirms this process. The number of young people starting sexual activity is shockingly fast growing (from 29% in 1988 to 45% in 1996). At the same time, the age of sexual initiation is lowering [4]. Experience in this area has had almost 50% of high school graduates and 13% maintained an active and regular intercourse. A study by the Center for Public Opinion Research shows that it is almost three times more than 10 years ago [5].

Pregnancy and motherhood among young girls are unique in terms of medical, socio-economic and legal. It is always accompanied by doubts of psychological and pedagogical nature. Teenage mothers are usually at the stage of achieving social and emotional maturity, but must quickly enter adulthood and take the wide range of parental roles. This raises many doubts about their future. Being immature they may fail to meet expectations set by maternity [2, 6].

Pregnancy in teens is usually associated with the interruption of education and leads to lack of education, which is the determining factor in unemployment. For that reasons, the women are exposed to the unstable situation, lack of livelihood, and often left without any support from their families and partners. It is worth emphasizing that the rate of dissolution of marriages, which were 'of necessity', is high. Hence, the phenomenon of single motherhood among young mothers is more common [7, 8].

An early puberty, and the revolution in morals has made a contribution to the increase in juvenile pregnancies. Ubiquitous examples set on youth magazines, the television series, 'reality shows', the Internet and the opinions of their peers have a significant effect on early sexual initiation [9]. The study shows that nearly 90% of adolescents aged 17 to 19 years have sexual intercourse without contraception [10-12]. Unplanned pregnancy and the lack of sufficient information on health habits, contraception and care before conception can lead to fertility problems, miscarriages and the risk of preterm delivery [13]. A special role during pregnancy in teenage play preconceptual counselling and perinatal care, which aims to ensure the proper development of the fetus and the birth of a healthy child [14-16].

Changes in the body of a young pregnant woman are a huge burden [17,18]. As the pregnancy in this group is subject to high risk of complications it requires special care [13, 19, 20, 21]. The most frequently detected complications of teenage pregnancy are: premature birth, miscarriage, anaemia, urinary tract infections, pregnancy-induced hypertension, disparity in labour, premature rupture of membranes as well as complications and congenital defects in newborns [19, 20].

The aim of this study was to analyze the incidence of early motherhood, pregnancy, childbirth and postpartum teenage mothers and assessment of newborns.

MATERIALS AND METHODS

We carried out retrospective analysis of 152 medical records of teenage mothers giving birth and hospitalized in J. Śniadecki Provincial Hospital of Białystok in 2007-2008.

RESULTS

It was shown that the rate of young mothers stays at similar levels. In 2007, the number of women in labour under the age of 20 years was 78 (51.3%). In 2008, it was 74 (48.7%). Over 50% were 19 years old; one-fifth 17 years. (Fig. 1)

36.7% of the women didn't control their pregnancy. Those over 18 reported to a doctor, mostly in the fifth month of pregnancy (35%). (Fig.2)

Complaints recorded during pregnancy in 22% cases were persistent nausea and vomiting. In about one quarter occurred risk factors for preterm birth, in 13% oligohydramnios and cervical-isthmic insufficiency and in 10.4% cases' anaemia. (Fig.3) It was shown that 61.2% of teenage pregnancies were ended in caesarean section (61.2%). (Fig.4)

Most births (69.3%) proceeded without complications. The most common complication of

childbirth was an impaired function of uterine contractions (16%), and a rupture of the cervix and vagina (4.9%). (Fig. 5)

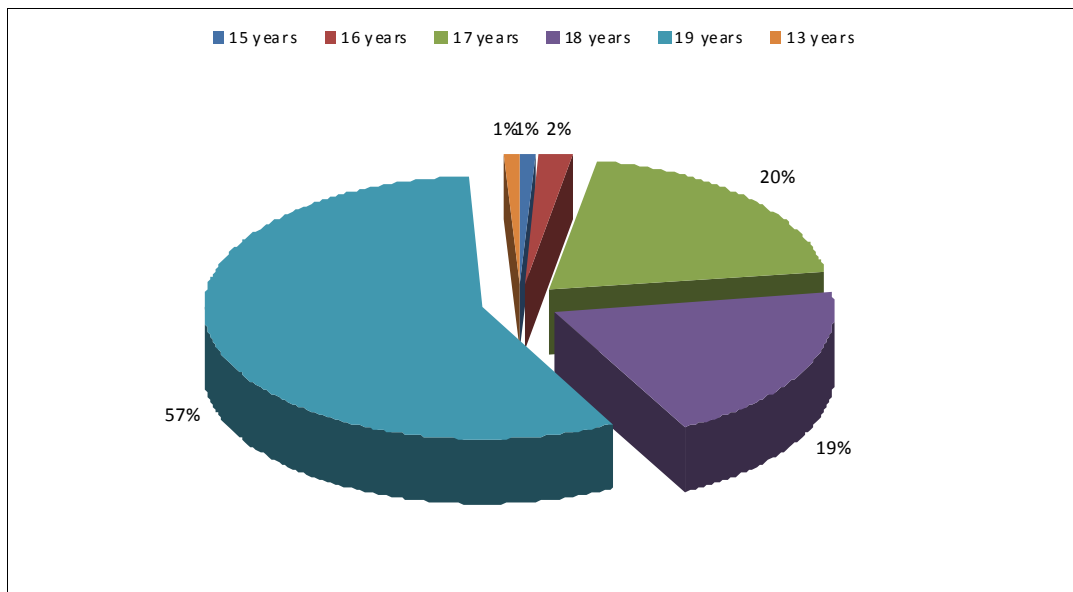


Figure 1. Age structure of the examined patients.

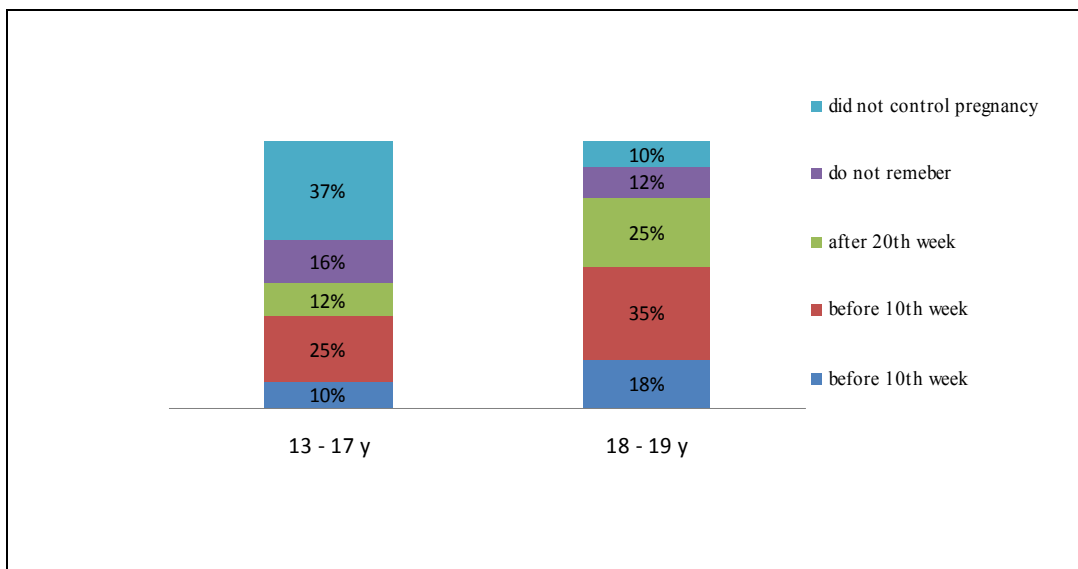


Figure 2. Date of the first doctor's visit.

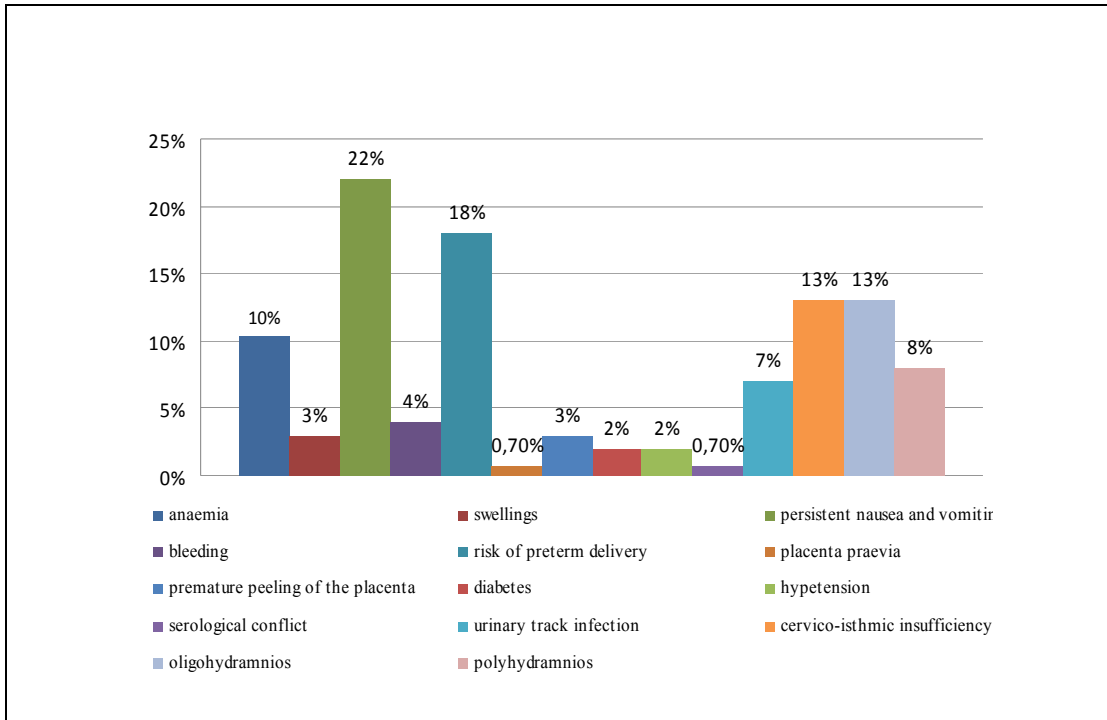


Figure 3. Ailments during pregnancy.

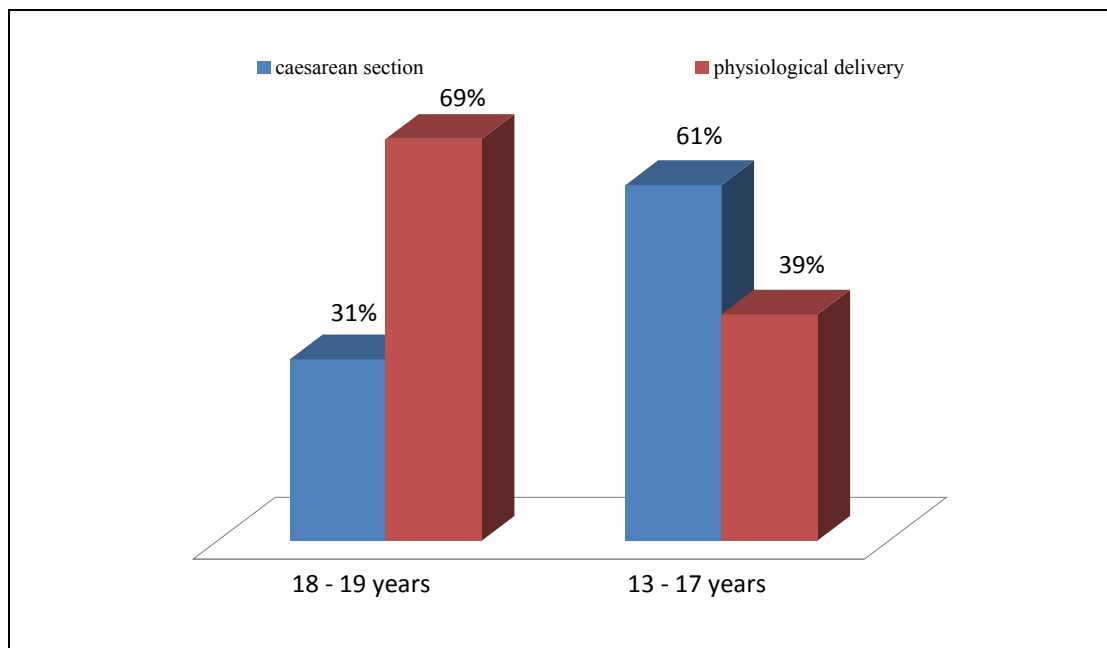


Figure 4. The outcome of pregnancy.

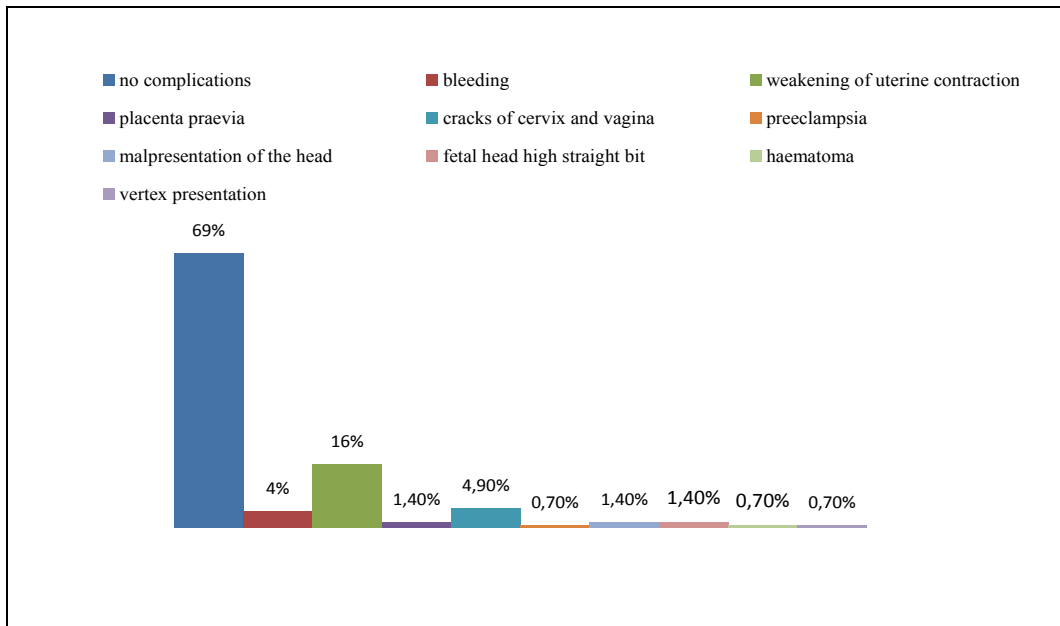


Figure 5. Labour complications.

Issues raised by teenage mothers in the puerperium were mainly related to breastfeeding (22.8%). In 61.4% cases puerperium proceeded without complications (Data are not shown).

Infants of young mothers in the majority got 10 points in the Apgar scale (88.8%), 1.4% got 9 points and 4.9% - 8. A small percentage of the children were born with asphyxia - 3.5% of the newborns were estimated at 7 points, 1.4% at 6, and

0.7% at 5 points in the Apgar scale. Neither congenital defects nor genetic syndromes have not been detected. Reported complications were asphyxia in 6.8% cases and 9.2% of the respiratory distress syndrome. Perinatal injuries were found in 14.8%. 15.4% of newborns had problems with sucking and swallowing (Fig. 6). All teenage mothers leaving the hospital took the child with them.

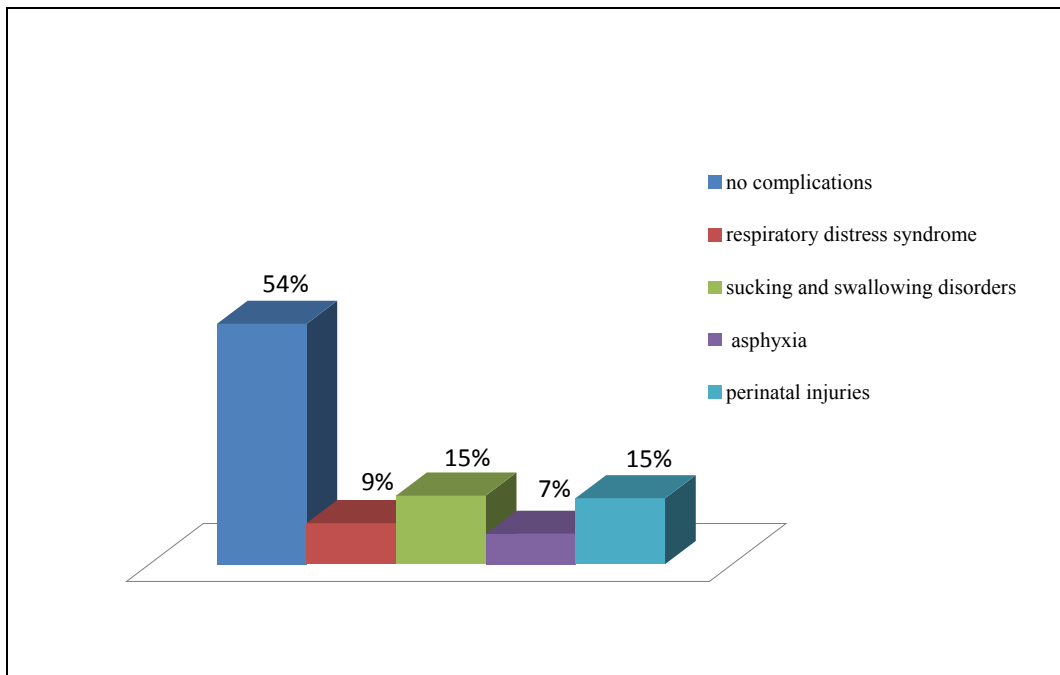


Figure 6. Neonatal complications.

DISCUSSION

In recent years, it can be observed that the age of people starting their sex life is lowering. In surveys conducted in 2006 by the Institute of Mother and Child in Warsaw, 52.5% girls and boys from secondary schools claimed that they have already had sexual intercourse [22]. Biological and sexual maturity is not always accompanied by a full emotional maturity and readiness to perform the role of parents. An early sexual initiation increases the risk of unplanned pregnancy [9- 11].

An increasing number of teenage mothers not only is a medical problem but also a social one. Pregnancy regarded as a physiological condition, among girls up to the age of 20 is classified as high-risk pregnancies. Pregnancy and labour complications but also low weight of infants were recorded among girls up to 17 years old [22].

Teenage mothers are usually mentally and emotionally immature. Most of them live in poor socio - economic conditions, have problems with their partner, parents and school. They often are not supported by children's fathers, feel frustrated and lonely [21]. They express anxiety and fear of childbirth and motherhood.

According to a study by Der-Piech et al. [23], 53.3% of these young girls are unmarried. In our research, this percentage is higher and comes to 65.3%. Comparative study among pregnant teenagers to 17 years and over 18 showed that over 80% of them have no husbands. Fathers were unknown in 83.7% of examined cases.

The results of studies conducted by the Department of Public Health Medical University of Gdansk showed that the majority (82%) of teenage women in labour comes from the city [24]. Analysis of the documentation in our studies showed a similar proportion (78.6%).

Teenage mothers described their socio-economic status as good in 72.1%, modest in 26.7%, and low only in 1.2%. A similar configuration was presented in the study by Der-Piech et al. [23].

It was shown that the largest group of teenage mothers was those who interrupted their education during pregnancy (40.5%). Some (32%) completed secondary or vocational education, 13.3% had primary education. In research done by Radecka-Wróbel [12] 40% of the women had a primary education, 32% vocational training and 25% secondary. Only 33% of girls continued studies after delivering a baby.

Maternity among young girls is not a new phenomenon. In 2007-2008, the percentage of teenage mothers in J. Sniadecki Hospital in Bialystok was 3.8% of all and the number is on the increase. In Łódź, in 1997 the rate was 2.48% [24]. The research by Komorowska [15] suggests that

every year in Poland 3.5% mothers giving birth are adolescents.

Studies conducted in the Department of Obstetrics and Gynaecology, Mother and Child Institute in Warsaw, showed a lower quality of obstetric care of pregnant teenagers, definitely smaller number of obstetric visits, and a later time during which the pregnancy was under the care of a doctor [22]. Our studies showed a similar tendency. The highest percentage of pregnant teenagers (33.2%) reported to a gynecologist before 20th week of gestation, 22.3% after 20th, while 36.7% did not controlled the course of pregnancy in the gynecological-obstetrical clinic.

This pregnancy was often accompanied by: pregnancy-induced hypertension, urinary tract infections, anaemia, premature rupture of membranes, cervical-isthmic insufficiency and hypotrophy of the fetus and oligohydramnios [22, 23].

Our studies showed that 15% of pregnancies were at risk of preterm delivery. Pregnancy complications were related to cervical-isthmic insufficiency and oligohydramnios in 13% of cases. The most common complication of pregnancy among adolescents between 13 and 17 years was cervical-isthmic insufficiency (22.4%), persistent nausea and vomiting (18.4%), the risk of preterm delivery (18.4%) and anaemia (12.3 %). Among girls over 18 persistent nausea and vomiting (22.8%), oligohydramnios (17%) and risk of preterm delivery (16.5%) were the most common.

In a study conducted by the Department of Obstetrics and Gynecology, Mother and Child Institute in Warsaw by Pawlowska et al. [22] 64% teenagers gave birth by spontaneous vaginal delivery, 40% by caesarean section. The second one was used among mothers under 18 in 61.2% cases, whereas 68.9% of those over 18 gave spontaneous vaginal birth.

Teens are more likely to give birth to a child with lower weight and poorer clinical status [22, 23]. It was shown that 36.7% of the infants had a birth weight between 1000 and 1500g, 26.7% less than 1000g, 13.3% from 1500 to 2000g, and 23% from 2000 to 2500g and above [23]. Only 4.2% of newborns weighed less than 2500g.

The clinical condition of infants born by mothers to 17 years old in 75.5% cases were rated as good, 18.4% - satisfactory, and 6.1% -poor one. Children of adult teens in 93.1% cases were in good clinical condition, 5.9% in satisfactory and 1% in poor one. Studies done by the Department of Obstetrics Pomeranian Medical Academy in Szczecin in 1990-1992 showed the similar proportion. 20% of the infants had features of prematurity, 15.6% had perinatal injuries, 21% showed symptoms of birth asphyxia, and 8.4%

congenital defects. Worse clinical status resulted in disorders of the period: 15.4% of those babies had problems with sucking and swallowing, 8.4% had perinatal injuries, 9.2% were born with respiratory distress syndrome, and 6,8% showed symptoms of asphyxia. Results of our research are similar.

CONCLUSIONS

1. The percentage of unmarried was the highest in the examined group.
2. Teenage pregnancies were not controlled or mothers reported to a doctor in the late stage of gestation.
3. The most common complication was the risk of premature delivery.
4. Teenage pregnancies, more than other, were ended in caesarean section.
5. The infants of teenage mothers were of poorer clinical conditions.
6. Problems with breastfeeding were recorded during the puerperium.

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