

Adverse Outcomes in Adolescent Pregnancy

by Breilinda Johnson, MS

Abstract: The transitional stage of adolescence is complex with changes occurring biologically, psychologically, and socio-logically. Pregnancy adds another layer of complication to the physical and mental development of the adolescent. Pre-term births, stillbirth, and neonatal death are not uncommon in pregnant adolescents. This provides an opportunity for child-birth educators and health professionals working with adolescents to educate themselves on adolescent development. Implementing interventions that support adolescent mental development related to sexual behavior, reproductive health, and bereavement care is beneficial to aid in decreasing the adolescent pregnancy rates around the world.

Keywords: adolescents, stillbirth, biological, psychological

Introduction

Adolescence is a transitional stage from childhood to adulthood that ranges in ages from 10 – 19 years old, thus adolescent pregnancy is defined as those ages mentioned (Ganchimeg et al., 2014). During this transitional stage biological, psychological, and sociological changes occur rapidly. The development of the frontal lobe of the brain plays a role in decision making and impulse control. The surge in hormones, the search for identity, and the need to feel accepted by others impact the adolescent's choices and could be a factor in the number of adolescent pregnancies throughout the world. According to the World Health Organization (WHO) about 16 million girls between the ages of 15 and 19 give birth every year (2012). This article will focus

on the biological and psychological changes that affect a pregnant adolescent that leads to the death of a fetus, as well as highlight interventions that may assist adolescents, their support systems, and childbirth educators.

Biological

Adolescents who conceive within two years of menarche are at higher risk for complications during and after pregnancy (Ganchimeg et al., 2014). A major concern with adolescent pregnancy is the immaturity of the adolescent's body and the overlap of biological growth of the adolescent mother and growing fetus.

Pregnant adolescents have higher risk of anemia, hypertension, preeclampsia, preterm births, and depression (Cinar & Menekse, 2017). Eclampsia, puerperal endometritis, infections, and caesarean section were higher among adolescent mothers than older mothers. Teenage pregnancies are more often associated with neonatal death than stillbirths, due to the fetus growth restrictions associated with teenage gestation (Cnattingius & Stephansson, 2002). The age of the adolescent influences complications; the younger the adolescent the higher risk of preterm birth. Although adolescent pregnancies may be at more jeopardy for neonatal deaths, stillbirths are vastly prevalent within adolescent pregnancies.

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Flenady et al. (2016) stated, stillbirth is a world health concern that has rates double of neonatal mortality (p. 691). Additionally, while neonatal mortality has declined, stillbirth rates remain consistent. Stillbirth affects developed and undeveloped countries, as well as every age, ethnicity, and social class. Stillbirth rates are two to three times higher for women that are from south Asia or Africa than those of White women who live in European countries (Flenady et al., 2016). A multi-country research study found stillbirth to

continued on next page

Adverse Outcomes in Adolescent Pregnancy

continued from previous page

be a high risk for all adolescent ages, but adolescent mothers ages 16 and 17 were more at risk (Ganchimeg et al., 2014). Klein (2005) reported about 14 percent of adolescent pregnancies end in miscarriage or stillbirth in the United States. As stillbirths occur all over the world, this matter should not be taken lightly, especially when pregnancies might be prevented.

- Pregnant adolescents have higher risk of anemia, hypertension, preeclampsia, preterm births, depression and other health factors (Cinar & Menekse, 2017).
- Teenage pregnancies are often associated with neonatal death than stillbirths, due to the fetus growth restrictions associated with teenage gestation (Cnattingius & Stephansson, 2002).
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Psychological

Moving from childhood into adolescence is one of the most difficult transitions a person makes (Gibson & Gibson, 2016). Along with biological, physical, and emotional changes, for the teenager, parental and societal expectations and responsibilities also change. Unlike a child, the adolescent is expected to have greater problem-solving and decision-making skills. Adolescents are expected to use moral reasoning when making decisions. However, the adolescent's problem-solving, decision-making, and moral reasoning skills are continuing to develop. Therefore, parental and societal expectations may be beyond their adolescent's developmental capacity. Further, the adolescent's skills are based on having opportunities to solve their own problems, make decisions and then experience the positive or negative outcome of chosen decisions, and having opportunities to analyze how their decisions impact others.

As the child progresses through adolescence, they take with them lessons they've learned about themselves, interactions with others, and their moral compass. Peer and romantic relationships become the prime interrelationships, while less time is spent with parents (Gibson & Gibson,

2016). Autonomy and independence is a valuable marker for adolescents that are preparing for adulthood. Developing a firm sense of self is the essential factor to a healthy adolescence and provides opportunities to explore different expressions of self.

Exploring different expressions of self may lead the teenager to participate in risky behaviors. Having unprotected sexual intercourse may be one of these risky behaviors. When pregnancy is a result of the adolescents' experimentation with sex, the adolescent's life drastically changes. Becoming pregnant as an adolescent confounds the struggle to identity oneself as an individual and accomplish many adolescent milestones (Turnage & Pharris, 2013). As, the label of pregnant has its own connotations and interferes with the activities that come with the label adolescent/teenager. Questions and concerns become directed at the developing fetus, not the developing teenager. While struggling to answer "I am good at?" "I am happy that I can?" "I want to become?," the adolescent must focus on the developing fetus not personal psychological growth needs. Instead, the adolescent must answer external questions that ask how she's caring for her pregnant body, how often the fetus moves, etc. These questions may appear to ignore the adolescent's personal wants and needs, as they focus on what she's doing to impact fetal growth and safety. The adolescent's body is developing as her upcoming role of mother is also starting to take shape. This change in role requires the adolescent to look beyond self-needs.

Where They Might Need Help

Sadness complements every stillbirth and often causes grief for the mother, father, family, and all those caring for the family (Homer, 2016). Unplanned economic issues arise due to arrangements for the funeral, purchasing of burial plots, and missed days at school and work may affect the adolescent mother, father, and family. Stillbirths care costs were 10 to 70 percent more than babies born alive (Heazell et al., 2016). Social problems such as decreasing self-confidence and departure from social activities are common for the mother (Cinar & Menekse, 2017). Quality communication, education and training for all healthcare professions working with families of stillbirths must be improved (Flenady et al., 2016).

Collaborative approaches from health workers, child-birth educators, social workers, obstetrician and gynecologists is essential to improve adolescent reproductive health (Thonni, Dandavate, Bijjaragi, & Askar, 2017). Formal sex education would be beneficial for all adolescents but due to socioeconomic status affecting communities, youth in

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Adverse Outcomes in Adolescent Pregnancy

continued from previous page

underclass communities have less resources for educational programs (Kohler, Manhart, & Lafferty, 2008). Therefore, programs provided in underprivileged communities may be facilitated with less quality instruction and materials. Klien (2005) encourages the education of adolescents and their parents on topics of sexual development, sexuality, decision-making, values, contraception and proper nutrition. Community efforts must be implemented by creating and promoting high-quality programs related to delaying sexual activity.

Childbirth educators are advocates for adolescent development and provide proper care at the time of loss. Using the baby's name, acknowledging the emotions of the parents, and providing valuable specific information is imperative. Sensitive and empathic health-care professionals can aid in beginning the healing process of the mother and family. The importance of proper bereavement care is not only beneficial for the parents but it also helps the health care providers who deal with their own feelings related to the loss of the baby (Homer, 2016).

Adolescent pregnancy affects families, health care professionals, educators, government officials, children and adolescents (Klein, 2005). Access to properly trained professionals for care before, during and after the birth will benefit the mother and the baby. Educating healthcare professionals on biological and psychological changes that effect pregnant adolescents can reassure better treatment. Trainings or certification programs for healthcare skilled workers on topics of empathy and bereavement care for adolescent mothers of stillborn children should be provided to support the overall care of the adolescent and their families (Homer, 2016). Implementing comprehensive programs that educate adolescents on sexual behavior, contraceptives and, reproductive health may create a positive change in low and middle-income communities. It is pertinent to begin reassessing the importance of care for our adolescent women.

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