Research Article

Profile of adolescent girls with obstetrics problems of illegitimate pregnancy

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Abstract

Introduction: Adolescence is a formative period of life. It is a crucial period because major physical, psychological and behavioral changes take place. It is a period to undertake major decisions; including responsible parenthood Adolescents constitute a great human resource for the society. **Amis and Objectives:** to study the profile of adolescent girls with obstetrics problems. **Materials and Method:** All the adolescent girls (age between10-19 years) attending the institute with obstetrical complaints were enrolled in the study. Detail history and complete clinical examination was done in all the girls. All the adolescent girls were followed up till the termination of pregnancy. Counselling of parents and girls was done wherever required. **Results:** 50% of the adolescent girls were in the age group 18-19 years. 63.64% of adolescent girls were belonging to lower socioeconomic class. Majority of the adolescent girls reporting to the institute were more than 14th week of gestational age. Out of the total 22 pregnant adolescent girls 14 were managed by inducted abortion. Preterm delivery was observed in 3 cases and third degree perineal tear was observed in one case. **Conclusion:** Thus from the above study, it can be concluded that Comprehensive sex education and establishment of adolescent clinics id desirable to prevent unwanted early pregnancies in adolescent girls.

Keywords:

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INTRODUCTION

Adolescence is a period in a young girl's life which heralds a change; not quite a little girl, not quite a young woman. It is regarded as the unique phase of human development and the parents of near future are molded during this stage. It is a fascinating period of life as well as a period of great complexity that marks a vital stage in human development. Adolescence refers to a long transition period in life between childhood and adulthood involving major biologic, physiological, cognitive and social development.[1] According to WHO has defined adolescence as a period between 10-19 years.[2]

Adolescence is a formative period of life. It is a crucial period because major physical, psychological and behavioural changes take place. It is a period to undertake major decisions; including responsible parenthood Adolescents constitute a great human resource for the society.[3] In India, 20.09% of the total population is of adolescents (10-19 years) i.e. more than 200 million.[4] There are 253.2 million adolescents comprising nearly one-fifth (20.9 per cent) of India's total population. Of the total adolescent population, 11 per cent belong to the 10-14 years age group and nearly 10 per cent are in the 15-19 years age group. Females comprise almost 47 per cent and males 53 per cent of the total adolescent population. More than half of the currently married illiterate females are married below the legal age of marriage. Nearly 20 per cent of the 1.5 million girls married under the age of 15 are already mothers (Census 2011).[4] Health problems of adolescents, particularly young girls are not issues of concern as this is more often seen as a period of improved chance of survival and often it is the onset of motherhood that is seen as relevant from a policy perspective. In this context, maternal and reproductive morbidities among young adolescents are frequently studied, with particular reference to their potential for higher morbidity.[5] Thus the

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present study was undertaken to study the various obstetrical problems in adolescent girls.

AMIS AND OBJECTIVES

To study the profile of adolescent girls with obstetrics problems.

MATERIALS AND METHOD

The present study was conducted at Shri Chhatrapati Shivaji Maharaj Sarvopchar rugnalay and Dr. V.M. Medical College, Solapur. The study was conducted during august 2002 and September 2003. Following inclusion and exclusion criteria was used to select the study subjects.

Inclusion Criteria

- Adolescent girls (age between10-19 years) attending the institute with obstetrical complaints.
- Parents/ guardian are willing to give informed written consent.

Exclusion Criteria

- Age less than 10 years or more than 19 years.
- Not willing to give informed consent.
- Patients with only gynecological complaints.

Thus by using the above mentioned inclusion and exclusion criteria, total 22 cases were enrolled in the study duration. Informed written consent from all the study patients was obtained before staring the study. The detail history of all the cases was noted on a prestructured proforma. Precaution was taken not to affect the psychological and emotional stability of the adolescent girls while taking history and doing the examination. All the cases were examined thoroughly and necessary investigations were done wherever required. The cases were managed according to standard prescribed protocol. All the cases were followed up regularly till the termination of pregnancy. Counselling was done in the patient whenever required.

RESULTS

Table 1: Profile of adolescent girls with obstetric problems

		No. of Cases	Percentage
Age in years	10-13	0	0
	14-15	3	13.64%
	16-17	8	36.36%
	18-19	11	50%
Socioeconomic Class	Low	14	63.64%
	Middle	8	36.36%
	Higher	O	O%
Gestational age in weeks	6-12	5	22.73%
	14-20	9	40.91%
	>20	8	36.36%

It was observed that all cases were presented with intrauterine pregnancy. Majority (50%) of the adolescent girls was in the age group 18-19 years followed by 16 -17 years of age (36.36%). It was seen that 63.64% of adolescent girls were belonging to lower socioeconomic class. Majority of the adolescent girls reporting to the institute were more than 14th week of gestational age.

Table 2: Mode of termination of pregnancy

Mode of termination		No. of Cases	Percentage
Induced Abortion	Suction and evacuation	5	22.73%
	Ethacridien lactate	5	22.73%
	Misoprostol tablet	4	18.18%
Spontaneous Labour	Preterm Delivery	3	13.64%
	Term Delivery	1	4.54%
Lost for follow up		4	18.18%
Total		**22**	**100%**

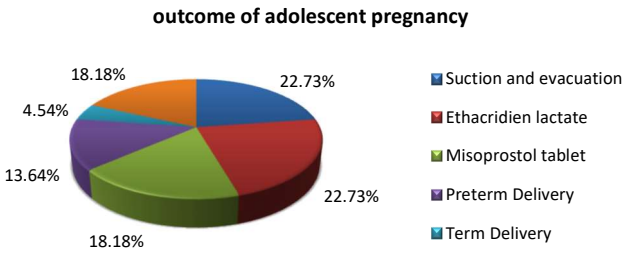

Figure 1: Outcome of adolescent pregnancy

Out of the total 22 pregnant adolescent girls 14 were managed by inducted abortion. In 5 cases of first trimester, the pregnancy was terminated by suction and evacuation. 9 cases were between 12 to 20 weeks of gestation out of them 5 terminated by ethacridine lactate instillation and remaining 4 cases aborted completely with vaginal PGE_1 synthetic analogue (misoprostol tablets). Remaining 8 cases had their first visit in second half of pregnancy i.e. after 20 wks. All were advised continuation of pregnancy. 3 of them had preterm delivery. One delivered at term. 4 cases lost for follow up after their first visit.

Table 3: Complications and problems in obstetric cases

Complication	No.	Percentage
Preterm delivery	3	13.64%
Third degree perineal tear	1	4.55%
No complication	18	81.82%

Total 14 cases that had undergone medical termination of pregnancy had no complications. In remaining 8 cases, 3

were preterm delivery. In one case the cause for preterm delivery was multiple congenital anomalies. In one case there was third degree perineal tear at the time of delivery because of after coming head of breech. This case came with breech on perineum and there was no time for giving episiotomy. Third degree perineal tear was sutured.

DISCUSSION

Adolescent gynecology is not a new subject. However awareness of the subject is new. 10 to 15% of our population is of growing adolescent (Sheil and Turner 1996). Now there is a need for separate specialty for adolescence to handle their medical, social and psychological problem. With this idea the present study was undertaken to study the various obstetrical problems of adolescent girls. There were total 101 adolescent girls having various problems during the study period. Out of them 22 adolescent girls had obstetric problem whereas 79 had gynecological problems. In the present study obstetric problems were studied in detail. It was observed that all the 22 cases were presented with intrauterine pregnancy and all were unmarried. Majorities (50%) of the adolescent girls were in the age group 18-19 years followed by 16 -17 years of age (36.36%). The reason for this may be that fertility is low before the age of 18 years. It was seen that 63.64% of adolescent girls were belonging to lower socioeconomic class. Illiteracy in the Lower socioeconomic class may be the cause for this high incidence adolescent pregnancy. According to Besharov *et al* poverty is associated with increased rates of teenage pregnancy.[6] It was observed that 14 cases reported to the institute in the first half of pregnancy. It is good that now there is an awareness of early consultation for unwanted pregnancy. All these 14(63.64%) cases had undergone medical termination of pregnancy in our institute either by suction and evacuation, ethacridine lactate or synthetic PGE analogue depending upon their duration of pregnancy. All were terminated without any intraoperative and postoperative complication. 8 (36.36%) cases reported with pregnancy more than 20 weeks. One case among these visited first time during labour. Remaining all the adolescent girls were advised for continuation of pregnancy and regular antenatal checkup. Out of these 4 (18.18%) cases lost for follow up after their first visit. 3 (13.64%) cases had preterm delivery. Mental tension and anxiety of the illegimate pregnancy may be the causative factor in all cases. One case among the preterm delivery has multiple congenital anamolies i.e. menigomylocele and spina biflida in the fetus. A case was third degree perineal tear was observed in a term breech pregnancy. The tear was sutured but case absconded on second day leaving the baby in hospital. After careful elucidating the history in all these 22 cases it was observed that all cases had intercourse with known person either relative or neighbourer. 20 out of 22 cases came with history of irregular menses or secondry amenorrhoea and they were not aware of their pregnancy. All were accompanied with their mother or aunt; all were shocked knowing about their pregnancy. One girl was brought by mother with history of 4 months amenorrhea and vomiting for confirmation of pregnancy and one case came to labour room with breech on perineum. The incidence of teenage pregnancy has seen to be increasing. Various reasons have been taken into consideration for the pregnancy in adolescent girls. One of the most common reason observed in developing country like India is early marriage. Another reported cause lack of knowledge of contraceptive methods.[7,8] Risks of low birth weight, premature labor, anemia, and pre-eclampsia have been associated with adolescent pregnancy.[9,10] And these complications may endanger the life of adolescent girls. The teenage mothers face various physical, mental and social difficulties if the mother is unmarried. According to WHO although adolescents aged 10-19 years account for 11% of all births worldwide, they account for 23% of the overall burden of disease (disability- adjusted life years) due to pregnancy and childbirth. Fourteen percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years. About 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women. The rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescents, all of which increase the chance of death and of future health problems for the baby.[11] Thus Comprehensive sex education and access to birth control appear to reduce unplanned teenage pregnancy.[12]

CONCLUSION

Thus from the above study, it can be concluded that Comprehensive sex education and establishment of adolescent clinics id desirable to prevent unwanted early pregnancies in adolescent girls.

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