

Neonatal and Birth Complications in Adolescent Pregnancy of Tikrit City

Marwa Thair Abass¹, Massriyah Rashad Hussein²

¹Gynecologist, M.B.Ch. B., Salah-Aldin General Hospital,

²Assist. Prof, Department of Obstetrics and Gynecology, Medical College, University of Tikrit, Iraq

Abstract

Background: Adolescence is a transitional period from childhood to adulthood characterized by significant physiological, psychological and social changes. World Health Organization defines Teenage Pregnancy as “any pregnancy from a girl who is 10-19 years of age”, the age being defined as her age at the time the baby is born.

Aim of the Study: To study the correlation study between of fetal risk and adolescent pregnancy.

Patients and Method: A cross sectional study conducted in Department of Obstetrics and Gynecology in Salah El-Din teaching hospital at the period from the 1st of Feb. 2018 to the end of August 2018. Convenient sample of (100) teenage pregnant women, who are willing to participate in this study and available at the time of data collection include.

Results: The frequent outcome of pregnant women was birth (32%), followed by; birth & oligohydrominous (14%), the neonatal complications were present in 68% of pregnant woman’s neonates. The delivery complications were absent in 32% of pregnant women while present as episiotomy (50%), in general, delivery complications were present in 68% of pregnant women.

Conclusion: The neonatal complications were present in 68% of pregnant women.

Keywords: Neonatal; birth complications; adolescent pregnancy; Tikrit city.

Introduction

As to problems with the newborn, gestation during adolescence is associated with higher rates of low birth weight (LBW), preterm delivery, respiratory diseases, and birth trauma, besides a higher frequency of neonatal complications and infant mortality⁽¹⁾.

Many risk factors lie with parents themselves. In addition to the behaviors, one also has to look at one’s medical history. Parental obesity, combined with an excessive mother’s weight gain during pregnancy, increases the risk of the baby becoming overweight⁽²⁾.

In many developing countries, the number of teenage pregnancies has decreased compared to the late 1990s, and some sub-Saharan countries are increasing. The latest UNFPA report on teenage pregnancy summarizes

data worldwide and indicates the need for action to reduce risk factors.

According to the report, childbirth complications are the main cause of death for girls and women in developing countries, in addition to fetal death⁽³⁾. The number of stillbirths and infant mortality is much higher among teenage mothers than among older women. The study explains that the consequences of unprofessional abortion also pose a major birth threat⁽²⁴⁾ therefore, the aim of current study to study the correlation study between of fetal risk and adolescent pregnancy in Tikrit city.

Study Design and Setting: A cross sectional study conducted in Department of Obstetrics and Gynecology in Salah El-Din teaching hospital at the period from the 1st of Feb. 2018 to the end of August 2018.

Study Subjects: Convenient sample of (100) women, who are willing to participate in this study and available at the time of data collection include.

Data were collected via modifiable questionnaire form put it and modified by supervisor senior. Questionnaire forms consist of (socio-demographic, obstetrical and maternal history, complications, infant history and complications questionnaires)

Results

Gravidity history of pregnant women showed primigravida (59%), 1-2 gravida (26%) and >2 gravida (15%). Parity history revealed nulliparity (63%), 1-2 children (30%) and >2 children (7%). History of abortion was detected in 6% of pregnant women. The gestational age of pregnant women was distributed as followings; 2% <28 weeks, 20% 28-36 weeks, 74% 37-40 weeks and 4% >40 weeks Half of pregnant women had menarche at age of 12 years and younger.

More than half (53%) of pregnant women had married at age 14-16 years, 22% of them had married at age of 17-18 years and 25% of them had married at age of older than 18 years. (table 1).

Table 1: Gestational history of pregnant women.

Variable	No.	%
Gravidity		
Primegravida	59	59.0
1-2 gravida	26	26.0
>2 gravida	15	15.0
Total	100	100.0
Parity		
Nulliparous	63	63.0
1-2 children	30	30.0
>2 children	7	7.0
Total	100	100.0
Abortion		
No	94	94.0
Yes	6	6.0
Total	100	100.0
Gestational age		
<28 weeks	2	2.0
28-36 weeks	20	20.0
37-40 weeks	74	74.0

Variable	No.	%
>40 weeks	4	4.0
Total	100	100.0
Age at menarche		
≤12 years	50	50.0
>12 years	50	50.0
Total	100	100.0
Age at marriage		
14-16 years	53	53.0
17-18 years	22	22.0
>18 years	25	25.0
Total	100	100.0

The consanguinity was first degree in 51% of pregnant women and second degree in 49% of them. Contraception history was positive among 17% of pregnant women and chronic diseases history was positive in 6% of pregnant women. Edema was present among 66% of pregnant women and immunization history was positive in 64% of them (table 2).

Table 2: Clinical history of pregnant women.

Variable	No.	%
Consanguinity		
First degree	51	51.0
Second degree	49	49.0
Total	100	100.0
Contraception		
Positive	17	17.0
Negative	83	83.0
Total	100	100.0
Chronic diseases		
Positive	6	6.0
Negative	94	94.0
Total	100	100.0
Edema		
Positive	66	66.0
Negative	34	34.0
Total	100	100.0
Immunization		
Positive	64	64.0
Negative	36	36.0
Total	100	100.0

The frequent outcome of pregnant women was birth (32%), followed by; birth & oligohydrominous (14%), birth & intensive care (8%), etc. The neonatal complications were present in 68% of pregnant woman's neonates. All these findings were shown in table 3.

Table 3: Neonatal outcome and complications.

Variable	No.	%
Neonatal complications		
No	32	32.0
Yes	68	68.0
Total	100	100.0

The delivery complications were absent in 32% of pregnant women while present as episiotomy (50%), hemorrhage (16%) and perineal tear (2%). In general, delivery complications were present in 68% of pregnant women. All these findings were shown in table 4.

Table 4: Delivery complications.

Variable	No.	%
Delivery complications		
Hemorrhage	16	16.0
Episiotomy	50	50.0
Perineal tear	2	2.0
None	32	32.0
Total	500	100.0
General delivery complications		
No	32	32.0
Yes	68	68.0
Total	100	100.0

Discussion

The present study showed that neonatal complications occurred in 68% of pregnant women's newborns and The delivery complications were absent in 32% of pregnant women while present as episiotomy (50%), hemorrhage (16%) and perineal tear (2%). In general, delivery complications were present in 68% of pregnant women.

Results of Yazlle *et al.*, 2009 showed complications in 38.3% of the adolescents⁽⁴⁾ and among the most frequent diagnoses were problems with the fetus or the placenta, and problems with the membranes and amniotic

cavity and⁽⁵⁾, also Santos *et al.*, 2009 showed that 18.4% (119/648) of the newborns of adolescent mothers were transferred to the neonatal intensive care unit (NICU)⁽⁶⁾.

Conclusions:

The neonatal complications were present in 68% of pregnant women.

Conflict of Interest: none

Source of findings: self-findings.

Ethical consideration: the study was approved by the ethical committee of the local scientific council for medical specialization of the obstetrics and Gynecology. and not to be used for other research object

References

- ChalemE, Mitsuhiro SS, Ferri CP, Barros MC, GuinsburgR, LaranjeiraR. Gravideznaadolescência: perfilsócio-demográfico e comportamental de umapopulação da periferia de São Paulo, Brasil. Cad Saude Publica. 2007;23(1):177–186. Portuguese.
- Van der Klis KA, Wstenberg L, Chan A, fol. Teenage Pregnancy trends, characteristics and conte in south Australia and Australia Aust N ZJ Public Health 20s00; 26:125,31.[Medline]
- Lewis, G. 2008. Maternal mortality in the developing world: why do mothers really die?Obstet Med. 2008 Sep; 1(1): 2–6.
- Yazlle ME, Franco RC, Michelazzo D. Gravideznaadolescência: umaproposta para prevenção. Rev Bras Ginecol Obstet. 2009;31(10):477–479. Portuguese.
- Julies M.S, Hypertensive disorders of pregnancy, Danforth Obstetrics & amp; Gynecology. 9th edition Lippincott William & amp; Wilkines. 2003; 16:257-271.
- Santos GH, Martins M da G, Sousa M da S, Batalha S de J. Impacto da idadematernasobreosresultadosperinatais e via de parto. Rev Bras Ginecol Obstet. 2009;31(7):326–334. Portuguese.
- Jolly MC, Sebire N, Harris. Obstacle risks of pregnancy in women less than 18 years old. Obenemecel 2000;96-962-6 [Cross Red] [Web of Science] [Medite].