

Obstetric Performance of Young Adolescent Primipara

Dr. (Mrs.) Vedawati Prasad
B. Sc. (Hons.) M.B.B.S., M.S.
Resident Surgical Officer,
(Obstetrics & Gynaecology)
Bhagalpur Medical College.

Introduction

Adolescent pregnancy has been uncommon in developed countries. However it has always existed in India, specially in the rural areas, where early marriage is common.

A greater biological risk exists where pregnancy occurs at the age of 16 years or before because it imposes the double burden of growth and reproduction, consequently the health of the mother and the foetus may be adversely affected. Some believe that adolescent obstetrics present no greater challenge than obstetrics in general; according to Manchetti & Manaker, child bearing may be safer in primigravida aged 16 years and younger. Harrison is of the view that the optimum age for the birth of first baby is 16 years or less. Social and economical factors may influence the outcome of pregnancy differently.

The purpose of investigation therefore was to evaluate the pregnancy outcome in adolescent primigravida at Bhagalpur Medical College.

Material & Method

A total of 104 primigravida, aged 16 or below were taken as study group. Our control group consisted of 346 primigravida, aged 20 to 30 years, who delivered during the same period at Bhagalpur Medical College and Hospital.

Observation

Table I demonstrates the age incidence of 104 primigravida.

TABLE I

Age distribution in adolescent pripara.

Age in years	No. of cases	Percentage
12	1	0.96%
13	4	3.85%
14	16	15.03%
15	41	39.4 %
16	42	40.3 %

TABLE II

Shows the utilization of antenatal facilities by the two groups of women.

Table-II. Utilization of antenatal care

Booked	Study Gr.		Control Gr.	
	No.	%	No.	%
Ist. Trimester	10	9.6%	40	11.5 %
IInd. Trimester	22	21.1%	80	23.1 %
IIIrd. Trimester	36	34.6%	100	28.9%
Unbooked	36	34.6%	126	34.4%
Total	104		346	

Young teenager were less aware of the antenatal check up facilities which may be due to lack of education and low social economy factors operating.

TABLE III
Complications of pregnancy

Complication	Study Gr. No. 104		Control Gr. No. 346	
	No.	%	No.	%
Anaemia.	31	30%	58	17%
Urinary tract infection.	4	3.5%	12	3.2%
Hyperemesis gravidarum	Nil	Nil	4	
Pre-eclampsia.	15	15%	17	5%
Eclampsia	10	10%	96	28%
Ante-partum Haemorrhage	2	2.08%	7	2%
Pre-mature rupture of membrane.	1	17%	4	1%
Pre-term delivery	15	15%	17	5%
Jaundice	nil		nil	
Twins	1		6	

As evident from the above table the incidence of anaemia was two times higher in study group. None of the patients in study group had hyperemesis gravidarum. Pre-eclampsia and eclampsia were significantly more common in young adolescent primipara. Other obstetric complications in adolescent primipara include pre-term delivery. There were more twins delivery in control group. No significant difference was found in the incidence of premature rupture of membrane, urinary tract infection and antepartum haemorrhage between both groups.

Table IV
Showing characteristic & mode of delivery

Type of labour	Study group No. 104		Control group No. 346	
	No.	%	No.	%
Spontaneous onset of labour	90	86.5%	308	89%
Induction of labour	8	7.7%	17	5%
Effective Caesarian Section.	6	5.8%	21	6%
Spontaneous Vertex	88	84.6%	284	82%
Caesarian Section	12	11.5%	45	13%
Forceps.	4	3.9%	17	5%

There is no significant difference in the duration of labour in the two groups. Spontaneous vaginal deliveries were significantly higher in control group. Forcep delivery and Caesarian Section rate were similar in both groups.

The incidence of low birth weight was higher in adolescent girls as shown in Table V.

TABLE V

Foetal Outcome

Average birth weight	Study Gr. No. 104	control Gr. No. 346
	No.	No.
Male 55	2.94 Kg.	183-3.29
Female 49	2.86 Kg.	162-2.96
Baby with birth wt. 2.5 Kg. or low.	21%	10%

TABLE VI

Comparison of complication of pregnancy and foetal out come in Booked and un-Booked young teenager.

Complication	Booked	Unbooked
Anaemia	68	36
Urinary tract infection	1	3
Pre-eclamptic toxemia	4	11
Eclampsia	4	6
Ante partum haemorrhage	1	1
Pre-term delivery	6	7
Caesarian Section	5	8
Pre mature rupture of membrane.	-	1