

Adolescent Pregnancy

A Canadian Paediatric Society statement:

Miriam Kaufman, Diane Sacks, and Adolescent Health Committee of Canadian Pediatric Society (Dr. E. Goldberg, Dr. L. Pancer, Dr. D. Lindsay, Dr. J.-Y. Frappier, Dr. M. Westwood, Dr. A. Link)

From 1975 to 1987 there was a marked decline in adolescent pregnancies in Canada, dropping from 58,000 in 1975 to 37,000 in 1987. Since then, there has been an upward trend, with about 2000 more pregnancies in 1990 than three years previously. Although the pregnancy rate (67 per 1000) is much higher in 18 and 19 year olds, many of whom have planned pregnancies, the rate in 15-17 year olds of 27 per 1000 indicates that unplanned adolescent pregnancy is still an issue. In 1989, 52 % of pregnant 15-17 year olds continued their pregnancies to term. In 1990, 239 children were born to girls under 15 years of age. About two thirds of the under-15 year olds who got pregnant in 1990 had therapeutic abortions.

What can we do to prevent teen pregnancy?

Nurses, counsellors and physicians should discuss decision making with patients starting at a young age and apply this to sexuality, individual choice, peer pressure, safe sex, and contraception in a developmentally appropriate manner. This is at least as important for the developmentally delayed teen as for other patients. Teens of both sexes likely to have early sexual activity should be a target for contraceptive counselling.

Who is at risk for early sexual activity and pregnancy?

Girls whose mothers were adolescent mothers, or with siblings who were pregnant during adolescence; young adolescents with accelerated development of secondary sex characteristics and who act and dress as though they are much older; girls who have been sexually abused; girls with no vocational goals or goals for the future or with many risk-taking behaviours; young adolescents living in group homes, detention centres or on the street.

Why diagnose pregnancy early?

Early diagnosis of pregnancy is essential as some options are unavailable after the first trimester. Early prenatal care for those teens continuing their pregnancies is important because poor prenatal care is the major reason for the increased rate of complications in 15-19 year olds, and younger teens have a higher rate of complications that should be detected even if some can't be prevented. The negative psychosocial consequences of an unplanned adolescent pregnancy are also great.

What are some barriers to early diagnosis?

Many teens deny the possibility of pregnancy, even to themselves. Fear of contact with the medical profession and pelvic examinations may motivate a teen to delay seeking help. In addition, the normal menstrual irregularities of early adolescence can mask a pregnancy. Female adolescents presenting with menstrual irregularities, nausea, vomiting, or fatigue should be questioned regarding pregnancy risk and screened for pregnancy.

What should I find out from a pregnant teen?

What are the physical and emotional effects of the pregnancy? What does she know about her options and how does she feel about them? What is her HIV risk? Is the pregnancy the result of abuse or an abusive relationship? Is she in school? What are her future academic and personal goals? Does she have a place to live? Will she have a place to live if she continues the pregnancy? Who has she told about the pregnancy and how have they reacted? Who are her main sources of emotional support?

What should I include in my counselling?

Counsel pregnant teens in a non-judgemental fashion regarding their pregnancy options (therapeutic abortion, continue pregnancy and either keep the baby or give it up for adoption). One should remember that the pregnant teen (like many people) is looking for the "right" choice. It can be helpful to say something like "Once you have an unplanned pregnancy, there is no perfect choice. All you can do is think about the one which is best for you at this time. No matter what option you choose, it is unlikely that you will feel that your choice is 100% right."

Do not coerce the teen into *any* option against her will. Respect her right to privacy and medical confidentiality. Help her develop a supportive network which may include her parents, the baby's father, teachers, and public health nurses. Provide people in that support network with guidance as to how to best fulfil that role. Continue to see her regularly, or if referring the patient to another physician or service, check to see that the patient made an appointment and attended.

What can be done for the teen who is continuing the pregnancy?

Prenatal care should be initiated as early as possible. If you are not going to provide obstetrical care to the patient, help her find a practitioner (MD or midwife) who will address such issues as smoking, alcohol use, substance abuse, STDs, nutrition and breastfeeding, and who will provide anticipatory guidance. Help her find other appropriate resources - homes, drop-in centres, and support groups. Provide care with the understanding that the teen may change her mind about relinquishing the baby at birth. Encourage the pregnant teen to continue her education, so as to leave her a wider range of future options and to decrease social isolation. Provide counselling to help avoid another unplanned pregnancy. Stay in contact both with mothers who keep their babies and those who do not.

What should be done for the teen who plans to terminate her pregnancy?

When the patient has made a decision to terminate the pregnancy, she needs anticipatory guidance regarding the emotional outcome (e.g. grief, relief, anger). She requires information regarding the specifics of the procedure and referral to appropriate medical/surgical services. She should have an appointment for follow-up that will include a review of any complications such as excessive bleeding, fever, cramps after the first 48 hours and abnormal discharge, concerns (both physical and emotional) and contraceptive compliance. She should have ongoing contraceptive counselling.

Summary

Pregnant teens face significant physical and psychosocial risks associated with their pregnancies. All those caring for teenagers should have prevention of unplanned adolescent pregnancy as an educational and treatment goal. When unplanned pregnancies occur, the risks can be lessened with early diagnosis, a complete range of therapeutic options, and full support for all these teens. Our role includes medical care and counselling, referral to appropriate services and advocacy, both for individuals and for at-risk adolescents in general.