

Teenage pregnancy

Australia has the third highest rate of teenage pregnancy in the developed world, following the United States and the United Kingdom. However, rates in Australia have plateaued since the mid 1970s and in the past four years rates have begun to fall. The majority of teenage pregnancy occurs in 18 and 19 year old women. However, in very young women, aged 11-15 years, teenage pregnancy can have detrimental physical consequences as well as life long social and economical sequelae for the mother and child.

The severity of the impact in very young mothers is often swamped statistically by combining outcomes of all teenage mothers. Pregnancy in women under the age of 15 can be associated with low birth weight and suboptimal growth in the mother as the competition for nutrients with the fetus in the adolescent woman undergoing normal growth spurts can lead to a delay or failure of a secondary growth spurt.^{1,2} However after the age of 15 years, direct physical consequences on the mother are less obvious, although there is some evidence that there can be associated delays in the full attainment of bone density.^{1,2}

The major consequences of teenage pregnancy, however, relate firstly to the social and economic impact of teenage pregnancy and secondly upon the incidence of medical complications within the pregnancy itself.^{3, 4, 5, 6} A multitude of studies suggests that teenage pregnancy is associated with disruption of schooling, social disadvantage and an ongoing cycle of poverty, with many teenage mothers having themselves been the child of a teenage mother.^{3, 4, 5, 6} Although interestingly, one economic study in the United States suggested that perhaps teenage pregnancy is not the main cause of the poor economic outlook for mothers and their children. In an interesting sister's study, it found that, ten years following the teenage pregnancy, the teenage mother in fact had a better economic outcome than her non pregnant female sibling. The study suggested that the inter and intra environmental factors surrounding the teenage mother were the greatest determinates of her ultimate economic level of contribution to the country.⁷ However, this study may not apply in an Australian situation where welfare can protect a teenage mother to some extent from economic hardship. Such economic protections are not uniformly available in the United States and force teenage mothers into the workforce or face destitution.

One of the main medical complications in pregnancy relates to the high level of infections, particularly sexually transmitted infections such as Chlamydia, which can be prevalent in up to 27 per cent of very young teenage mothers.⁸ Other infections, such as bacterial vaginosis, group B streptococcus and urinary tract infections with E coli, seem more prevalent in the younger teenage population, in whom cystitis and other factors such as partner instability may play a role.⁷ Pre-eclampsia is also more common in young teenage mothers and the development of any hypertension is a warning sign to look out for the rapid progression to eclampsia. Essential hypertension is almost unheard of in this population and virtually all hypertension heralds the onset of pre-eclampsia. Antepartum haemorrhage and preterm birth are more common.

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Australian data supports international data to suggest that teenage pregnancy is an independent risk factor for preterm birth.⁹ It is possible that underlying risks such as undiagnosed, urogenital tract infections may play a large role in this, however, the hypothesis that undiagnosed dental infections could also play a role is also relevant in this group, who are often have poor dental hygiene as well.⁹

Acute psychiatric and situational crisis are very important.¹⁰ A recent Australian study suggested that up to a quarter of all teenage mothers and over half of all very young teenage mothers experience up to four housing shifts in the year before giving birth. Such housing insecurity does not assist them with early parenting.^{10, 11}

Interestingly, although teenage mothers have been thought to be 'using the system' by some detractors, pilot data from The Every Chance for Every Child initiative in South Australia has suggested that when Centrelink liaison staff are brought to deal directly with teenage mothers, the majority are actually under claiming their entitled benefits. This is because the lack of schooling and transportation make it difficult for teenage mothers to access government agencies and understand their entitlements. Social work and Centrelink liaison is therefore vital.

Domestic violence is also more prevalent in young mothers.^{11, 12} Therefore the issue of an adequate psychological assessment at the start of the pregnancy is very important. A multi centre prospective Australian study found that teenage mothers are best managed in multi disciplinary antenatal clinics. However, the benefits stemmed largely from a thorough infection screen and adequate psychosocial assessment of the teenage mothers. Such intensive care was associated with the reduction in the incidence of preterm birth and a higher compliance with contraception at discharge.⁹

An Australian randomised controlled trial has also shown that teenage mothers benefit from sustained postnatal support in the form of home visitation.¹³ This data has been supported by the South Australian Government and incorporated into its Every Chance for Every Child initiative, which now entitles all teenage mothers to two years of nurse home visitation. The NSW Government, through its Family First programme, is also trying to ensure that all teenage mothers do access home support, however, the results have been patchier. This is particularly important as the data suggests that with support, teenage mothers can return to school and re-enter the workforce and are less likely to have incidences of adverse childhood outcomes, such as child protection notifications and the need for court interventions.^{13, 14}

In summary, all teenage mothers, particularly young mothers need to be advised of the importance of antenatal care and the importance of thorough infection screening at the start of the pregnancy. They need to be warned about the signs and symptoms of pre-eclampsia and of pre-term birth and informed that due to their age, they face an increased risk for these complications. They need careful screening for all infections including dental ones. They need careful monitoring of fetal and personal growth. A careful psychosocial history needs to be undertaken. Interventions need to be put in place early to link a teenage mother into Centrelink and other social supports to ensure she has adequate housing, is free from domestic violence and has access to her entitled financial support benefits. Unfortunately, teenage mothers still receive a lot of discrimination from judgemental individuals in society and it is important healthcare professionals do not add to this and are supportive and encouraging of the mothers.

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RANZCOG Workforce Survey

Thank you to all active and retired Fellows and trainees who completed a workforce survey. Australian Survey Research are currently analysing the data and will present their report to the Executive.

The results of the workforce surveys will be discussed at the July Council and published in the *O&G* magazine.

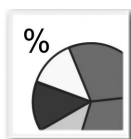
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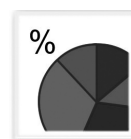
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