Underaged mothers – view on the issue

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Summary

The main aim of this article is to analyze medical and social problems connected with underaged mothers. The term "adolescent pregnants" means girls who are pregnant or give birth to their babies before their 18th birthday. Pregnancy of teenage patients is a high risk pregnancy because of: late perinatal care, smaller number of medical visits as well as a higher number of complications such as prematurity, PIH, urogenital infections, anemia, IUGR. It is believed that the juvenile's parents are not psychologically prepared to perform care of the newborn child. Teenage mothers are usually at the stage of achieving social and emotional maturity themselves, but in this case they need to quickly enter into adulthood and become a parent.

Key words:

underaged mothers, adolescent pregnants, prenatal care

Adolescent mothers are quite a common phenomenon in Poland. The Central Statistical Office reports that in 1960 the number of live births by mothers aged 15-19 years amounted to 45/1000 women. In 1970 this figure fell to 35 live births per 1000 women. In 2000 there was a sharp drop to 17 live births per 1000 women. In 2006 13.9 live births by mothers aged 15-19 per 1000 women were recorded [1]. The average age of women giving birth to the first child has also changed. In 1960, the first child was born by women aged 25. In 1970 there was a small decrease and women who became mothers were on average 22.8 years old. In 2000, the average age of primiparas increased to 25.7 years [1]. In comparison to the United States, Polish statistics of underage births are not so bad. In the USA the number of live births in the underage group amounts to 97 per 1000 births [2]. In Japan the rate is at the level of 10 live births per 1000 births [3]. Young girls from pathological families in which there is a problem of alcoholism, mental and sexual abuse, are especially vulnerable to the early initiation of sexual life and, consequently, premature pregnancy. Frequently they are daughters of single mothers who in the past also gave birth to their first child at a very young age, girls raised by grandparents or extended family. Adolescent pregnancies also occur in full families (70%) and non pathological ones where relationships and family ties are defined as good or very good. A teenager undertaking sexual initiation wants to feel loved, important and attractive to her sexual partner, often ignoring the risk of becoming pregnant. A teenager, who at such a young age has to face the responsibility of giving birth and upbringing the child, encounters a number of problems, ranging from economic (social) issues to various aspects of the psyche of a pregnant woman and a mother [4].

The first problems appear shortly after the teenager discovers that she is pregnant. The expectant mother is afraid of informing her parents about her condition. Most frequently this information is a big surprise for them (most parents are not aware of or informed about the start of sexual activity by their child). After receiving information about their daughter's pregnancy most families supports the expectant mother. However, few of the "premature grandparents" approach their daughter's pregnancy in a rational way, helping her to understand the situation in which she has found herself, and the consequences this entails or educate the daughter about pregnancy and childbirth. In other cases, parents think that their daughter made a big mistake and acted irresponsibly. Few are happy that they will become grandparents and congratulate the prospective parents. The last group of parents reacts negatively, suggesting abortion, putting the grandchild in an orphanage and breaking up with the father of the child [5].

An equally difficult problem for the teenager who is pregnant is to inform the child's father. The pregnant adolescent fears that this information will influence her relationship with the child's father, she has a lot of concerns and objections, she wonders whether the partner will meet the father's role and whether or not he will reject her and the baby. Adolescent mothers, when they are pregnant or after giving birth, often part with the fathers of their children, few with the permission of the family court shall enter into marriage, which, however, is usually unstable and ends in divorce (three times more often than in the case of marriages concluded after coming of age). A consequence of failed relationships is the necessity to take the whole difficulty of raising the child by the mother. It is the teenage mother who has to take care of satisfying the child's physical needs (even if she does not work). Moreover, the weight of relaying universally recognized values and behaviours to the child falls on her, while she still often needs her parents' care. What is more, adolescent mothers do not always have the support of the child's biological father. According to the survey described by S. Królikowska [5] approximately 3/4 of surveyed adolescent mothers said that their children's fathers had contact with their children every day (73.2%) or several times a week (3.1%). 8.2% of fathers see their children several times a month, 3.1% several times a year, and 12.4% do not know that they have children.

Pregnancy and childbirth

The underage pregnancy itself is perceived as a problem and burden introducing a lot of complications and – hence – negative emotions and events to her

and her family's life. The young mother is obliged to continue compulsory education until she turns 18. The prospective mother's education continuation and personal development should be facilitated. However, attending school in this condition on previous principles, with peers, carries a risk of miscarriage, also creates the risk of mistreatment by peers – a pregnant girl can become the subject of peers' mockery and ridicule.

Additional stress for future young mothers may be caused by physiological problems associated with pregnancy, such as frequent urination, back pain, nausea, or vomiting. Experience shows that such a situation, when the mother continues her education with peers, are favourable neither for her nor her child. Discontinuation of study at this time is not an effective solution to the matter. Individual tuition is ideal in this situation. Because the continuation of education by the adolescent mother has an impact on her and the baby's future. It creates better prospects for finding a job in the future and for ensuring economic and social security for the family.

Teenagers who have the support of parents, partners, friends and school, cope with the situation much better. They take care of their diet during pregnancy, do not consume alcohol and give up stimulants, are assisted by a midwife and control the course of pregnancy at gynaecologists. Mothers feeling the support of their environment also behave differently in childbirth – they cooperate with the medical staff, so that births take place without complications and negative emotions [8].

Emotional immaturity, problems with communication with the family, poor contact with the child's father result in the fact that the pregnant teenager has inadequate and often irresponsible approach to pregnancy. She makes dietary mistakes, does not maintain proper hygiene improving the comfort of pregnancy, does not contact a midwife, and often a gynaecologist. In such circumstances, the delivery can be very difficult and problematic. Teenagers do not cope with labour pain, do not cooperate with the medical staff and pregnancy which is not attended or controlled by a doctor leads to complications during childbirth and the puerperium [8].

After childbirth the majority of teenagers are exposed to the stress caused by the appearance of a new family member, who requires full time care, the parent's exclusiveness and a great deal of patience. A huge role can be played by the teenager's parents, and the child's father's parents, who may take over some care for the newborn, then the baby. Sometimes, they help the teenage mother in the care of the child and the proper childminding. The teenager can continue her education at school, then go to college and find a job which allows her to provide for herself and the child. Some young mothers, however, do not cope with the situation after giving birth to the child. They feel the lack of "youthful folly" and adrenaline. They treat the child as an obstacle and a cause of problems. They experience frustration due to the fact that they are now responsible not only for themselves but also for their offspring. Young mothers who do not have support of the family and the child's father abandon education and live on benefits for single mothers. It is impossible for them to work which results in material difficulties of the new family [5,9].

Pregnancy, childbirth and puerperium complications in the case of underage women

Adolescent mothers' pregnancy is considered high risk pregnancy for many reasons, among which the most important are: anaemia, urinary tract infections, pregnancy induced hypertension (PIH), premature rupture of the membranes or premature placental abruption, hypotrophy, gestosis [10]. It is caused by a later date of seeking medical attention, making it difficult to detect possible abnormalities. In the normal course of pregnancy medical examination should be carried out once a month to 32 week of gestation, every two weeks between 32-36 weeks of gestation, weekly after 36 week of pregnancy. Young girls do not visit the doctor regularly and do not perform prescribed laboratory or diagnostic test [11]. In the case of such young women, whose body is still developing, and pregnancy can disrupt or speed up certain processes, diagnosis is very difficult. In the

case of pregnancy induced hypertension, there is no comparison with test results from before pregnancy, because usually they were not preformed, particularly among women from pathological environments.

The prevention of folic acid supplementation with the dose of 0.4 mg per day is also neglected. It is of great importance for the prevention of serious defects of child development. Lack of folic acid promotes the development of neural tube defects in the foetus. These include anencephaly, nervous system hernia, and spina bifida. These defects are lethal or involve serious disability.

Childbirth by young mothers is regarded as pathological primarily because of the not fully developed reproductive system. The main complications include rupture of the soft parts of the birth canal, complicated course of the third stage of labour and the lack of progress of labour, which is an indication for termination of pregnancy by a caesarean section [12,13].

The average weight of newborns in the population is 3,100 g. Adolescent mothers 2.5 times more often give birth to children with low birth weight (< 2500 g). Children of very young mothers (< 15 years of age are three times more at risk of death in the perinatal period. The infant mortality rate is usually the effect of dehydration resulting from vomiting and diarrhoea which are caused by the mothers' poor knowledge of hygiene and infant care [3]. We also observe increased mortality due to sudden infant death syndrome (SIDS), infections and accidents – 5.2/1000 newborns – compared to infants born by adults mothers – 1.0/1000. Similar differences in mortality of infants of juvenile and adult mothers due to other causes have not been demonstrated, e.g. congenital disorders. Hence, it is assumed that environmental factors, including the mother's young age and immaturity have impact on such a significant difference in the rate of deaths in the neonatal period.

The puerperium is also associated with certain complications arising mainly from non-compliance with nutrition rules, hygiene and lack of discipline of young mothers.

Because of so many risk factors, young mothers should be given special care by a midwife, a primary care nurse and a gynaecologist. According to the Constitution of the Republic of Poland (Art. 68 paragraphs 3 and 4) public authorities are obliged to provide special medical care to pregnant women. The right to special care is not dependent on the age of a woman expecting a baby. The manifestation of concern for the health of pregnant women are provisions contained in many legal acts, including the Act of 27 August 2004 on Health Care Services Financed from Public Funds (Journal of Laws of 2008, No. 164, item 1027, as amended), the Act of 7 January 1993 on Family Planning, Protection of the Human Foetus and Conditions of Permissible Abortion (Journal of Laws of 1993, No. 17, item. 78, as amended). The principles of care for underage women are governed by the provisions of the Act of 5 December, 1996 on the Professions of Doctor and Dentist (Journal of Laws of 2008 No. 136, item 857, as amended) [14].

Special attention should be paid to the family and community interview in order to assess the future mother's life situation. It is important if the girl has support of a family member or the child's father, if she has access to all the information about the state of her health and the health of the child and that she should be educated about pregnancy, childbirth and the postpartum period, as well as about the care for the newborn. Her mental state and attitude to pregnancy, nutrition and hygiene care, economic situation and living conditions should be assessed. A large part of the responsibility for the adolescent mother rests with a midwife who should establish a professional contact with the patient and obtain from her as much information as possible, which will translate into better care and reduce the risk of complications.

The overall conclusion is that the experience of motherhood at a too early age brings many health hazards for both the mother and the child. Without discharging these immature women from responsibility for their actions, it should be noted, however, that equally big responsibility for pregnancy, childbirth, and also the future of the teenage mother and her baby falls on the surrounding – adults, having full awareness of the consequences of today errors for the future.

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