





Majority of the babies (136) born out of such pregnancies were healthy babies. The most common adverse fetal outcome noted in the study was Low Birth Weight babies (38 babies). Amongst 16 babies who needed NICU admissions, 10 were Low Birth Weight babies. There were 2 Still born babies.

**Table 4:** Fetal outcome of teenage pregnancy

Fetal outcome	Number	Percentage
Active and healthy	136	70.8%
Low birth weight	38	19.7%
NICU admissions	16	8.3%
Still birth	2	1.04%

#### 4. Discussion

In the present study, 9.76% of the study population were teenage pregnancies which correlated with incidences of other studies, Gazala Yasmin et al, Ambadekar NNet et al, Dubashi SS et al (3, 16, 17).

Incidence of C-Section in the present study was 29.7%. The number of vaginal deliveries were more in the teenage group probably because of the smaller size of the babies. Similar results were found in other studies Trivedi S S et al, Mukhopadhyay et al, Mahavarkar S. H et al and Sagili Het al [5,6,7,8]. However two studies have shown higher rate of caesarian sections. This may be due to a difference in the setting, Nwobodo et al and Jimoh et al [9,10]. Cases of obstructed labour are higher in the teenage group and may be due to weaker physical strength of the teenage mothers.

The incidence of Preeclampsia was 6.25%. Although anemia, and preeclampsia were higher in the cases, the difference was not statistically significant. Similar results were found in Mahavarkar S. H et al [7]. A higher study population is needed to conclude this finding.

As pregnant teenagers often receive inadequate antenatal care, their anemia during labour and the postpartum period usually get worse. In developing countries more than 25% of teenage mothers were found to be anemic as revealed in studies conducted by Saxena et al, (11) Bhalerao et al (12) And Rahman MM et al. (13) In contrast to it our study found a lower incidence (3.125%).

Consistent with previous studies, cases of preterm, LBW and foetal distress were higher in teenage group. But unlike other studies, the difference was not statistically significant [14,5,6,7,15].

#### 5. Conclusion

The present study concludes that Preterm labour, Hypertensive Disorders of Pregnancy, Premature Rupture of Membrane, anemia, malpresentations, IUGR, IUFD were major maternal complications; Low Birth Weight and NICU admissions were major adverse fetal outcomes. Teenage pregnancy today, still represent one of the most important public health problems. There is no doubt that the obstetrical problems can be managed by modern medicine and so the risk of Teenage pregnancy can be diminished.

The health care provider should consider Teenage pregnancy as a 'high risk' pregnancy and should educate the pregnant teenagers to have more number of antenatal visits so that the signs and symptoms of various complications of teenage pregnancy could be recognized at the earliest. Attention should be given to the use of various screening and diagnostic tests and to the interventions needed if any complication does occur during the course of pregnancy or labour. Proper monitoring of the progress of labour is important to prevent prolonged labour. Education of the female child can play a significant role in delaying marriage and hence delaying childbearing, thus protecting the young girl from being exposed to the various complications of teenage pregnancy. There is a need to promote the use of Contraceptives amongst the married teenagers and ensuring the availability of contraceptives at a wider scale. Access to contraceptives is the cornerstone in preventing teenage pregnancies while access to abortion services is crucial for managing them. Good antenatal and intranatal services, good neonatal services, contraceptive services and abortion services, all together can minimize the various risks associated with teenage pregnancies to a large extent. With all these measures, we can hope for a world-wide decline in the trend of teenage pregnancy rates and complications in the years to come.

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