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Adolescence pregnancy as a challenge of modern perinatology

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Nearly 16 million teenage girls aged 15–19 and two million girls under 15 becoming pregnant each year [1]. Due to possible problems and complications adolescent pregnancies should be treated as a high-risk pregnancy. The most common obstetric pathologies in young mothers, includes preeclampsia, hypertension, diabetes mellitus, fetal growth restriction and premature birth, as a consequence of immaturity, especially uterine immaturity. The risk of preeclampsia and eclampsia among this group is almost two times higher than among 20 — to 24-year-old women. Preterm labor occurs with a frequency of about 15%. Additionally, young mothers have a significantly increased risk of having extremely premature babies and newborns with extremely low birth weight [2–4].

An important aspect is ultrasound diagnostics in adolescence pregnancy. Attention should be paid to the frequent occurrence of fetal anomalies in this group of patients. Prenatal diagnosis should also be focused on the assessment of the risk of preterm delivery, fetal growth restriction and pre-eclampsia, both with the use of modern markers of angiogenesis. Non-chromosomal anomalies are common in teenage pregnancies and are estimated to occur in 26.5/1000 children. Statistically, abdominal wall defects, anomalies of the gastrointestinal tract, central nervous system and heart are more frequent than in older patients. Studies have shown that younger women have lower awareness of folic acid supplementation, resulting in a higher incidence of spina bifida/myelomeningocele in this group [5, 6].

In recent years, we have seen much earlier sexual initiation. In a group of 15-year-olds, it showed that 9.2% of 15-year-old girls had sexual initiation. Among all sexually active 15-year-olds, 27% did not use any method of contraception during intercourse. It is worth emphasizing that, sexually transmitted infections and bacterial vaginosis are common in this group, that's why routine screening should be done. Early sexual initiation is also associated with a high-risk non-immune hydrops fetalis corresponding with maternal infection.

It is important to remember to promote adequate supplementation in pregnant minors. We must bear in mind the increased iron, calcium and vitamin D requirements of adolescent girls during pregnancy, both due to pregnancy and the ongoing skeletal ossification process. Proper nutrition is also a strategy to reduce anemia and low birth weight and to optimize weight gain in pregnancy. Young pregnant women are significantly more likely to use drugs and alcohol than their non-pregnant peers. This contributes to a higher incidence of Fetal Alcohol Syndrome (FAS) in newborns [5, 7, 8].

The literature data shows differences in the number of vaginal deliveries and cesarean sections in the group of teenagers. Adolescent pregnancy is not an indication for caesarean section, unless there are clear indications for surgery. The attention should be paid to the structure and dimensions of the bony pelvis. A higher rate of cesarean sections in adolescents < 15 years of age which may be due to their biological immaturity [9].

Adolescent pregnancy is a challenge not only from the medical side but also from the social and legal point of view. The support of the medical staff and a psychologist may be crucial not only for the proper development of pregnancy, but also for preparing a young girl to take up the challenge of parenthood. Young mothers often experience exclusion and 25% of them experience postpartum depression [10].

To conclude, pregnancy in teenagers require exceptional skills, knowledge and it is a challenge of modern perinatology, so we invite you to the next issue of "Ginekologia Polska", where you will find the PTGiP Recommendations on the management of adolescence pregnancy.

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Conflict of interest

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