



## Adolescent Pregnancy Overview

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### Objectives:

- List risk factors and stressors that can impact and effect teen pregnancy care and management
- Review the developmental tasks unique to the pregnant adolescent
- Identify effective means of caring for pregnant adolescents

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### Definitions

Adolescence

- The period of physical and psychological development from the onset of puberty to maturity
- Three phases
  - Early      11 to 13 years
  - Middle    14 to 16 years
  - Late      17 to 19 years

**STATS >>> 15 to 19**

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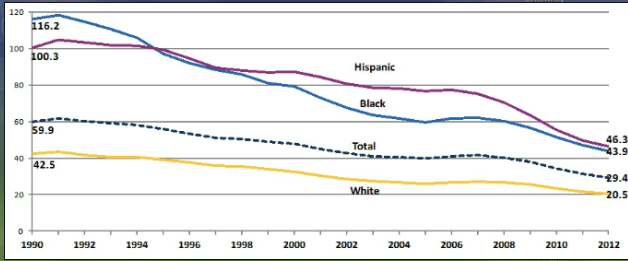
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Birth rates per 1,000 females ages 15-19, by race/ethnicity, 1990-2012




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## WHY the DECLINE??

- Abstinence
- Sexual Health Education in Schools
- Access to contraception




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## Teen Pregnancy Prevention Initiative 2010 - 2015

Reduce rates in target areas:

- Increase healthcare access
- Evidenced based services
- Educate stakeholders



[www.cdc.gov/TeenPregnancyPreventTeenPreg.htm](http://www.cdc.gov/TeenPregnancyPreventTeenPreg.htm) Teen Pregnancy Prevention: 2010-2015

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## Factors Contributing to Adolescent Pregnancy

- Lack of knowledge about contraception
- A young girl's "way" of acting out
  - Deliberate plan to get pregnant: Subconscious or conscious reasons
  - To punish her father and/or mother
  - To escape from an undesirable home situation
  - To gain attention
  - To feel that she has someone to love and get love

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## "Societal" Realm of Influence

Depends on its predominant view of...

- Premarital sexual activity
- Premarital pregnancy

The society's message determines:

- Impact the pregnancy will have on the teen
- Media influence is HUGE!!



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## High Risk Maternal Factors

- 3<sup>rd</sup> trimester bleeding
- Pre-eclampsia and eclampsia
- Preterm labor
- Abruptio
- Labor dystocia
- Maternal mortality

If < 15 years old, 2.5 times greater than if 20 to 24 years



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## High Risk Neonatal Factors

- ✓ Increased PTD (<37 weeks)
- ✓ LBW (<2500 grams)
- ✓ SIDS
- ✓ Increased mortality & morbidity in general



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## WHY at RISK ?

### Poor health habits:

- Fast foods
- "Slim and slender" body image pressure

(Results in prematurity, low birth weight)

### Inadequate prenatal care

(Non-compliance to clinical management )



Responds to peer influence by experimentation with:

- Sex- multiple partners, STDs

(3<sup>rd</sup> trimester bleeding, amnionitis, prematurity)

- Drugs

(prematurity, low birth weight, abruption)

- Smoking

(low birth weight, sudden infant death, asthma)

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## DEVELOPMENTAL CHALLENGES: EARLY ADOLESCENCE (11-13)

- Dependent on Family: Emotional & Physical Support
- Need help with health care decisions
- PRESENT oriented/ Self-Centered
- Usually "Not" sexually active by choice (Suspect Abuse)

**FOCUS:** Simple Language, Visual Examples, NOW behavior, Not Future...

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DEVELOPMENTAL CHALLENGES:  
MIDDLE ADOLESCENCE (14-16)

- ❑ Less Dependent on Family: Emotional & Physical Support
- ❑ More Abstract thinking: There are consequences, but learning how to communicate
- ❑ May have LOTS of questions, but lack confidence to ask them..

**FOCUS:** Establish Trust & Caring environment to increase questions and communication.

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DEVELOPMENTAL CHALLENGES:  
LATE ADOLESCENCE (17-19)

- ❑ Mastered Abstract Thinking; Understand future consequences
- ❑ Capable of participating in decisions

**FOCUS:** Including and supporting involvement in decision making, future planning

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Social/ Cultural Influences



Derive from three realms

- Family
- Ethnic background
- Larger Society

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Influences from these three realms determine:

- ❖ The meaning of the pregnancy to the teen
- ❖ The response of others to her situation
- ❖ The amount of support she will receive



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### "Family" Influence

Often responsible for "financial and emotional support" and patterns of behavior

- Learned patterns
- Learned decision making frameworks

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### "Ethnic Background" Influences



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## Hispanic / Latina views of Teen Pregnancy:

(United States)

- Remains single, infant is accepted
- Comes from a large, intact family giving support
- Chooses to drop out of school and marries
- Birth establishes her
- Finds fulfillment



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## African-American Characteristics of Teen Pregnancy

- ✓ Usually comes from single parent family; mother main provider
- ✓ Family has a history of single teen pregnancies
- ✓ Pregnancy is not approved of but infant is well received
- ✓ Usually a good mother-daughter relationship, so she continues to live with her mother (grandmother of infant)
- ✓ Least likely to marry FOB
- ✓ Remains in school
  - Success and duration dependent on family support

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## Caucasian Contributors to Teen Pregnancy:

(United States)

- Comes from a troubled home
- Exhibits problem behaviors
  - Substance abuse (drugs, alcohol, tobacco)
- School behavior problems



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## TEEN Options and Choices:

- ✓ Keeping the baby
- ✓ Putting baby up for Adoption
- ✓ Abortion (40%)



Concern over how the baby would change life/  
support systems in place

Level of maturity

Financial impact

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## Non-Industrial Society's Expectations for Pregnant TEENS:



- Early marriage and childbearing is OK...
- Teen is supported in her roles as wife and mother...through strong institutions of marriage and family

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## Modern Industrial Society's Expectations (United States)



- Education and vocational skills are highly valued
- Pregnancy hinders obtaining these goals for the TEEN

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## HEALTHCARE PROVIDER ROLE:

Evaluate biases and the effect they might have on interactions with a pregnant adolescent

- Does your clinical approach match the teen's phase development?
- Keep in mind: Teens ARE self-centered!
- Pay attention to your teaching strategies
- Do they match the developmental phase of the teen?



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## Intrapartum/Postpartum Considerations/ Strategies

- Fear of Pain, want instant gratification
- Fear of needles, medical staff
- Modesty maintained
- Kept informed- Told everything that is happening
- Directions need to be specific and concrete
- FREQUENT REMINDERS
- Encouragement and support is HUGE!! (Involvement of Supports, FOB)
- Practicing and return demonstration- Newborn care...
- REPEAT instructions/ Education
- Monitor "TAKING OVER CARE" (grandparents) - Can result in TEEN feeling inadequate/unimportant...

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## Teen Friendly Considerations:

- Ensure same care provider (trust)
- Short waits
- Encourage support
  - Of teen's mother & baby's father
- Evaluate family dynamics
  - She brings her family with her for care

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## Team Concept Prenatally

Utilize multiple services to provide care

- ❖ Dietician and Health Educator
- ❖ Nurse and/or Midwife
- ❖ Physician
- ❖ Social worker

Combine the appointments together to maximize exposure and compliance

- ❖ Couple ultrasound appointment with dietician and social worker
- ❖ While waiting for appointments, provide group health education

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## Teen Friendly Education

Utilize affirmative "REAL" information:

- Let her see ultrasound pictures
- Provide visual aids that are colorful, easy to read (4<sup>th</sup> -6<sup>th</sup> grade reading level)
- Let her hear fetal heart tones
- Have her feel for fetal parts on her abdomen
- Utilize same approaches with FOB

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## Offer Parenting Education EARLY ON...

"Parents tend to parent as they were parented"

- Talk to her and baby's father about their upbringing
- Address unrealistic images of motherhood/fatherhood

Infant stimulation

- Address before discharge the importance of...
  - Eye contact
  - Touching
  - Interaction (Talking to baby)

Infant nutrition (breast feeding) and safety  
Shaken Baby Syndrome Prevention

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## Consent for Health Care as a Minor (EACH STATE IS DIFFERENT, so this must be determined)

### STATE of CALIFORNIA:

- Minors at ANY AGE can get medical care related to **PREGNANCY to include birth control distribution and an abortion** without parental consent, as long as the minor is capable of understanding treatment care plan.
- **Minors 12 years and OLDER** can also seek evaluation for:
- STD Evaluation, HIV Testing, Drug Rehabilitation, Mental Health Care and Rape Evaluation **without parent**

Teenagers who are 15 can consent to full medical treatment, not just reproductive health items, services if they are:

- NOT living with their parents and can prove they are competent to manage \$.
- This ability ONLY applies to healthcare... Total "adult responsibility assumption" requires "Emancipated Minor" distinction...

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## Emancipated Minors- COURT Issued

- Most states in the USA have application process
- Request to have ADULT rights & responsibilities if < 18.
- Parents NO LONGER have control over you or have to support you with \$ or housing.

### HOW??

- By marriage (Need court and parent permission)
- Joining military (Parent permission)

### OR

### NEED TO PROVE:

- At least 14 years old
- Living away from home/ no longer with parents
- Handle own money
- Can make money to support self, even if by aide source

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## A FEW QUICK FACTS:

- 820, 000 Teens per year get pregnant (USA)
- The United State spends \$7 billion each year due to the costs of teen pregnancy.
- 79 % of teenagers who become pregnant are unmarried



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## MORE FACTS:



HE TOLD HIS LAST BABY MAMA  
HE'D STAY WITH HER TOO.



BE A KID. DON'T HAVE ONE.

- The main rise in the teen pregnancy rate is among girls younger than 15
- Close to 25 % of teen mothers have a second child within two years of the first birth
- 80 % of unmarried teen mothers end up on welfare
- Within the first year of becoming teen mothers, 50% of unmarried teen mothers go on welfare.

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- Only one-third (33%) of teenage mothers complete high school and receive their diplomas
- By age 30, only 1.5 % of women who had pregnancies as a teenager have a college degree.
- The daughters of teen mothers are 22 % more likely than their peers to become teen mothers.



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## Community Resources

- GRADS Program ( Graduation, Reality and Dual Role Skills)  
[www.k12.wa.us/CareerTechEd/pubdocs/GRADSProgramPamphlet.pdf](http://www.k12.wa.us/CareerTechEd/pubdocs/GRADSProgramPamphlet.pdf)
- National Clearinghouse on Families and Youth (Runaways/ Homeless Teens)
- TEXT4BABY.org (Education)
- AIM(Access for Infants and Mothers) Medical Care
- Women, Infants, Children (WIC) (Food Vouchers & Education)
- Maternal infant and early childhood home visiting program
- Maternity Homes
- California Coalition for youth.  
[www.cal youth.org](http://www.cal youth.org)
- [www.pregnant youth.info/resources/pro-resources.shtml](http://www.pregnant youth.info/resources/pro-resources.shtml)

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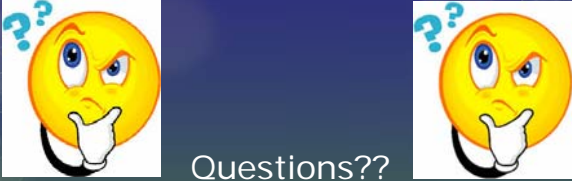
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Questions??

Cultivate Trust!

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Lecture References:

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- [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf) "Births: Final Data for 2012".
- READ: <http://www.cdc.gov/TeenPregnancy/PreventTeenPreg.htm>

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