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

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

WHY the DECLINE??
- Abstinence
- Sexual Health Education in Schools
- Access to contraception

Teen Pregnancy Prevention Initiative 2010 - 2015
Reduce rates in target areas:
- Increase healthcare access
- Evidenced based services
- Educate stakeholders

Factors Contributing to Adolescent Pregnancy

- Parents LESS influential and peers become more influential at this age of development
- Peer Pressure, desire to please others, increases “Risky Behavior”
- Invincibility- “Won’t Happen to Me”
- Early age at first experience in sexual intercourse
  Do not make the decision about being sexually active, too early.
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

“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!!

High Risk Maternal Factors

- 3rd trimester bleeding
- Pre-eclampsia and eclampsia
- Preterm labor
- Abruption
- Labor dystocia
- Maternal mortality
  
  If <15 years old, 2.5 times greater than if 20 to 24 years
High Risk Neonatal Factors

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

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 (3rd trimester bleeding, amnionitis, prematurity)
- Drugs (prematurity, low birth weight, abortion)
- Smoking (low birth weight, sudden infant death, asthma)

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...
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.

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

Social/ Cultural Influences

Derive from **three realms**
- Family
- Ethnic background
- Larger Society
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

“Family” Influence

Often responsible for “financial and emotional support” and patterns of behavior

- Learned patterns
- Learned decision making frameworks

“Ethnic Background” Influences
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

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

Caucasian Contributors to Teen Pregnancy:
(United States)
- Comes from a troubled home
- Exhibits problem behaviors
  - Substance abuse (drugs, alcohol, tobacco)
- School behavior problems
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

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

Modern Industrial Society’s Expectations (United States)

- Education and vocational skills are highly valued
- Pregnancy hinders obtaining these goals for the TEEN
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 of development?
- Keep in mind: Teens ARE self-centered!
- Pay attention to your teaching strategies
- Do they match the developmental phase of the teen?

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...

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
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

Teen Friendly Education

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

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
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 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.

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)

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

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
MORE FACTS:

- 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.

- 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.

Community Resources:

- GRADS Program (Graduation, Reality and dual Role Skills)
  www.k12.wa.us/CareerTechEd/pubsdocs/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.calyouth.org
- www.pregnancyouth.info/resources/pro-resources.shtml
Questions??

Cultivate Trust!

Lecture References:
- READ: http://www.cdc.gov/TeenPregnancy/PreventTeenPreg.htm