

Teen Pregnancy and Situation of the Clinics Hospital of Montevideo Uruguay: Observational Study

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Abstract:

Introduction: Adolescence constitutes one of the most important transition stages in life and is characterized by changes representing a stage of vulnerability. Teen pregnancy is one of the most important medical dilemmas, Uruguay considered reducing it in the framework of the "2020 National Health Objectives".

Material and Methods: observational, descriptive, retrospective study

Results: 1,574 births were in adolescents (24.02%). 29.8% occurred in users with previous pregnancies and 19.1% had at least one child alive. 19.18% of the IVE were in adolescents.

Conclusion: There is a stagnation of the percentages of the parameters analyzed in these years. Teen pregnancy and its repetition constitute a failure of health policies in sexual education and it is necessary to increase our efforts to reduce them.

Key words: pregnancy; adolescent; pregnancy in adolescence, reproductive health, voluntary interruption of pregnancy.

Introduction

The World Health Organization defines adolescence as the stage of life in which the individual acquires reproductive capacity, transiting the psychological patterns from childhood to adulthood; considering that it runs between 10 and 19 years. It also classifies it in early or early adolescence, from 10 to 13 years old, middle adolescence, between 14 to 16 years old; and late adolescence of 17 to 19 years, each one being exposed to different risks against a teenage pregnancy [1].

Adolescence constitutes one of the most important transition stages in the life of the human being. Beyond physical and sexual maturation, there are other changes that include the development of identity, the evolution towards social and economic independence; in addition to acquiring the skills necessary to establish adult relationships and functions, highlighting the ability of abstract reasoning. Although adolescence is synonymous with exceptional growth and great potential, it is also a stage of considerable risks, during which the social context can have a determining influence [1].

In turn, it is a period of life with specific health and right's needs. In the same way, it is a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire the attributes that will be essential to enjoy the teenage years and in the very near future assume adult roles [2]. Sexuality, sexual health and reproductive health occupy a central place in the health and life of teenagers. Sexual rights are universal human rights based on inherent freedom, dignity and equality for all human beings [3].

For all the above, this period is characterized by biological, psychological and social changes representing a stage of vulnerability [4], therefore not being the ideal time for pregnancy.

Teen pregnancy is one of the most important medical dilemmas, the result of early sexual intercourse and the inappropriate use of contraceptive methods, which greatly increases its number. It is a worrisome reality worldwide, linked to the increase in maternal and perinatal morbidity and mortality and being a factor of social vulnerability [5].

In this context, Uruguay has high levels of adolescent fertility in relation to the world average, close to the average for Latin America and the Caribbean [6].

Teen pregnancy is also a clear expression and consequence of inequality and social segmentation; perpetuating the violation of women's rights. In most cases these were not planned, seriously affecting future performance in terms of autonomy, self-support capacity, continuity or educational reintegration and participation in other dimensions and areas. On the other hand, and not least, we highlight the close link with situations of sexual violence in children under 15, realizing the existence of unequal gender relations [4].

Therefore, Uruguay considered reducing unintended pregnancy in adolescents within the framework of the "National Health Objectives 2020" [6] planting multiple protocols by the Ministry of Public Health to achieve this goal [7].

The objective of this study was to describe the incidence of births, repetition of pregnancy and Voluntary Interruption of Pregnancy in the adolescent population that uses the service of the Gynecological Clinic "B" of the Clinics Hospital Montevideo-Uruguay, in the period 2009-2017.

Material and methods.

An observational, descriptive, retrospective study was conducted. Data were extracted from the Perinatal Computer System (SIP) of the births of patients with maternal age between 10 and 19 years. From these, obstetric history data were obtained assessing the repetition of adolescent pregnancy taking into account the history of abortion, ectopic pregnancy and delivery or cesarean section prior to the current pregnancy. The SIP is a system created by the Latin American Center for Perinatology, Women's Health and Reproductive Health in 1983, used as a strategy to improve the quality of care for mothers and newborns. Currently, the Ministry of Public Health of Uruguay requires its use by all the maternity hospitals in the country, and is responsible for collecting and validating the data entered in order to obtain reliable statistics at the institutional, local and national levels⁸. In addition, data were collected from the registry of voluntary termination of pregnancy of the Clinics Hospital for the period from 2012 to 2017, in adolescent patients, being from the year 2012 when the law number 18.987 of voluntary termination of pregnancy was established in Uruguay.

The results were expressed as percentages with respect to total births using the OpenEpi program available at:

<https://www.openepi.com/Proportion/Proportion.htm>

Results.

In the analyzed period of time there were 6,552 births of which 4,978 (75.98%) were in women older than 19 years and 1,574 (24.02%) were in women with 19 years or less. Among the total adolescent pregnant women, 469 (29.8%) had at least one previous pregnancy, of which 90 (19.1%) had at least one child alive. Regarding the voluntary interruptions of pregnancy, a total of 381 were performed in our center, of which 318 (80.82%) were in women over 19 and 63 (19.18%) were in adolescent women.

In **Figures** and **Tables 1, 2** and **3**, the percentage per year of adolescent pregnancy, adolescent pregnant women with at least one previous pregnancy and voluntary termination of pregnancy in adolescents, respectively, in the Clinics Hospital in the mentioned period of time can be assessed.

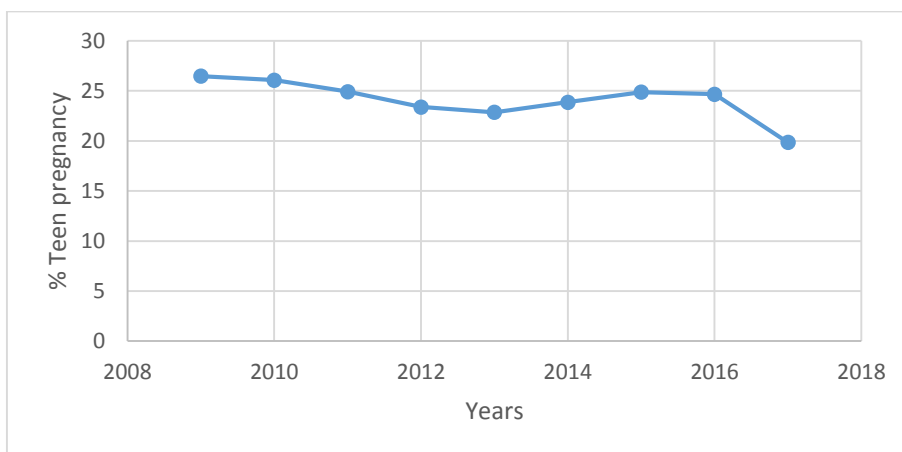


Figure 1: Percentage of teenage pregnancy per year in the period 2009-2017.

Year	Women over 19 years old	Women 19 years old or younger	Total
2009	589 (73,53%)	212 (26,47%)	801
2010	326 (73,92%)	115 (26,08%)	441
2011	458 (75,28%)	152 (24,92%)	610
2012	681 (76,61%)	208 (23,39%)	889
2013	685 (77,14%)	203 (22,86%)	888
2014	625 (76,13%)	196 (23,87%)	821
2015	586 (75,13%)	194 (24,87%)	780
2016	495 (75,34%)	162 (24,66%)	657
2017	533 (80,15%)	132 (19,85%)	665

Table 1. Percentage of teenage pregnant women with at least one previous pregnancy

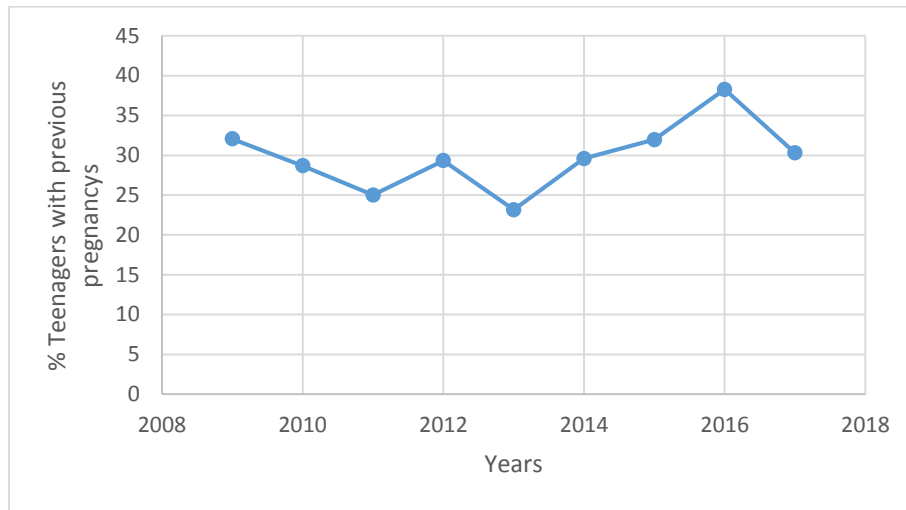


Figure 2. Percentage of teenage pregnant women with at least one previous pregnancy

Year	Without previous pregnancy	At least one previous pregnancy	Total
2009	144 (67,93%)	68 (32,07%)	212
2010	83 (71,31%)	33 (28,69%)	115
2011	114 (75%)	38 (25%)	152
2012	147 (70,68%)	61 (29,32%)	208
2013	156 (76,85%)	47 (23,15%)	203
2014	138 (70,41%)	58 (29,59%)	196
2015	132 (68,04%)	62 (31,96%)	194
2016	111 (61,73%)	62 (38,27%)	162
2017	92 (68,7%)	40 (30,3%)	132

Table 2: Percentage of teenage pregnant women with at least one previous pregnancy

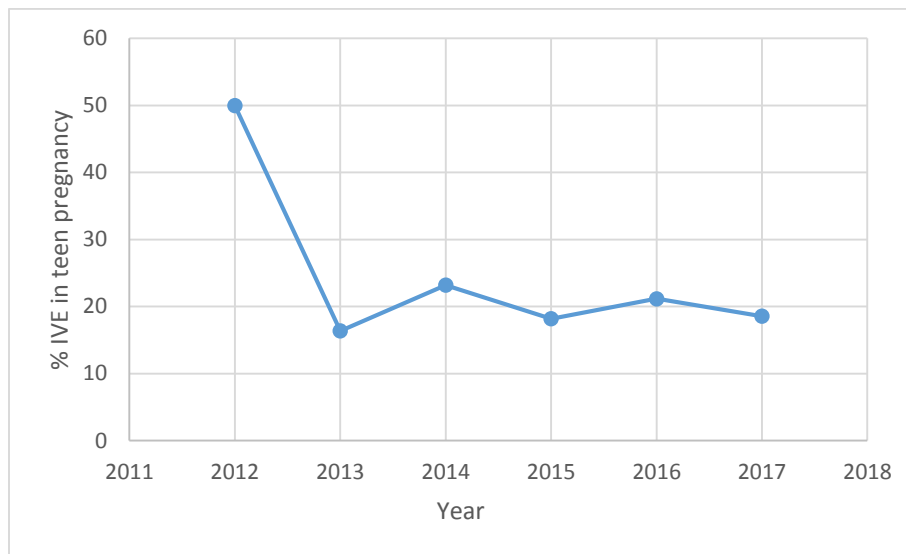


Figure 3. Percentage of voluntary termination of pregnancy in adolescents

Year	Women over 19 years old	Women 19 years old or younger	Total
2012	2 (50%)	2 (50%)	4
2013	46 (83,64%)	9 (16,36%)	55
2014	42 (76,37%)	13 (23,63%)	55
2015	45 (81,82%)	10 (18,18%)	55
2016	41 (78,85%)	11 (21,15%)	52
2017	79 (81,44%)	18 (18,56%)	97

Table 2. Percentage of voluntary termination of pregnancy in adolescents

Regarding the percentage of teenage pregnancy and we can see that the percentages per year from 2009 to 2017 was: 26,47%, 26,08%, 24,92%, 23,39%, 22,86%, 23,87%, 24,87%, 24,66% and 19,85% for each year respectively. An initial percentage of 26.47% and 26.08% is observed in the years 2009 and 2010 respectively, which shows a gradual decrease in subsequent years, finding the percentage lowest in 2017 with 19.85%, showing a decrease of 6.62% in that time.

In relation to the percentage of teenage pregnant women with at least one previous period, we can see that the percentages per year from 2009 to 2018 was: 32,07%, 28,69%, 25%, 29,32%, 23,15%, 29,59%, 31,96%, 38,27% and 30,3% for each year respectively. A decrease is observed between 2009, with 32.7%, and 2013, with 23.15%. However, the percentage subsequently rose again in 2017, with 31.96%, similar to 2009.

Finally, with respect to voluntary interruptions of pregnancy in adolescents, we can see that the percentages per year from 2012 to 2018 was: 50%, 16, 36%, 23, 63%, 18, 18%, 21,15% and 18,56% for each year respectively. It is observed that in 2012 it was the highest percentage with 50% performed in adolescent patients with a subsequent decrease in 2013 with 16.36% and remaining relatively constant in subsequent years with 23.63%, 18.18%, 21.15% and 18.56% in the years 2014, 2015, 2016 and 2017 respectively

Discussion

In the total period of time analyzed, it is observed that approximately one quarter (24.02%) of the pregnancies produced in the maternity of Clinics Hospital correspond to adolescent mothers. This represents a higher percentage than the one reported at the national level where it is observed that in the last five years 17% of the total births have been in adolescent women⁶ National data show that the level of adolescent fertility in Uruguay is very high and resistant to decline: the country has high figures (60 per thousand women aged 15 to 19 in 2014) in relation to the world average (45 per thousand) and the region (65 per thousand)⁶. On the other hand, the percentage of births in children under 20 has remained between 15% and 16% in the last two decades⁶. This differs from our motherhood where there has been a significant decline from 2009 (26.47%) to 2017 (19.85%), as already mentioned.

In our maternity center there is a repetition of adolescent pregnancy of 32.07% in 2009 with a decrease in 2013 (23.15%) and a subsequent rise in 2017 with 30.3%. These figures are higher than those recorded at the national data level with 21.4% in 2010 and a rise in 2017 with 24.5%¹⁰. Knowing that teenage pregnancy is often the user's first contact with a health center, it is an unamiable opportunity to conduct education and counseling in an appropriate contraceptive method in order to prevent a second unintended teenage pregnancy; as well as the formation of social networks to promote socio-economic self-development.

In this line, the promotion of post-obstetric contraception stands out, with individualized contraceptive counseling at this stage being mandatory. Post-obstetric contraception is understood as the advice

and implementation of a contraceptive method within the first 48 hours after an abortion, childbirth or caesarean section and prior to hospital discharge¹¹. The American College of Obstetricians and Gynecologists supports the placement of a long-term contraceptive method (Long-Acting Reversible Contraception, LARC) in the immediate postpartum period, for its role in preventing the rapid recurrence of unwanted pregnancy. Adolescent girls are at greater risk of a brief intragenic period, with the risks that this entails¹². LARCs in general have shown greater efficacy, rate of continuity in use and higher satisfaction rates compared to short contraceptive methods duration, among the teenagers who choose them [13,14].

Finally, we observe that of the total voluntary interruptions of pregnancy performed in the Clinics Hospital, about 20% are in adolescents. This also differs from official figures of the Ministry of Health, which report 15% [6]. Again, it is an important moment for sexual and reproductive health education in adolescents.

Both regionally and nationally, but also in Latin America, access to adolescent sexual reproductive health services remains a challenge [15]. That is why, with the regional context, that the Montevideo Consensus [16] on population and development was a fundamental regional commitment made at the first meeting of the Regional Conference on Population and Development in Latin America and the Caribbean, held in August 2013. This document agreed to invest in youth, through public policies specific and enunciated the regional commitment to: 1. Ensure the effective implementation of comprehensive education programs for sexuality. Recognizing the affectivity, from early childhood, respecting the progressive autonomy of the child and the informed decisions of adolescents and young people about their sexuality, with a participatory, intercultural, gender and human rights approach; 2. Implement friendly health services. These must guarantee the decision making in a free, informed and responsible manner in relation to their sexual and reproductive life and the exercise of their sexual orientation; 3. Access to modern, safe and effective contraceptive methods. Respecting the principle of confidentiality and privacy; 4. Prevent the transmission of HIV and other sexually transmitted infections; 5. Prioritize teenage pregnancy prevention and elimination of unsafe abortion. Through comprehensive education for sexuality, and timely and confidential access to quality information, advice, technologies and services, including non-prescription emergency oral contraception and female and male condoms; 6. Design intersect oral strategies. Aimed at helping women prevent subsequent teenage pregnancy, including prenatal, childbirth and postpartum care, access to effective contraceptive methods in the post-vent period, and protection and access to justice.

Conclusions

As we have seen, adolescence is far from being the optimal time for pregnancy; affecting participation in multiple aspects of women's lives and perpetuating, in some cases, the circuits of poverty.

Unintentional adolescent pregnancy and its repetition constitute a clear failure of health policies in sex education and in the

implementation of correct contraceptive counseling; being recommended in these patients long-term and reversible contraceptive methods such as the sub dermal implant and the intrauterine device. Works like this, allow us to assess a relevant situation in the user population of the Clinics Hospital, making us reflect on the efforts to prevent this reality.

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Conflict of interest: None to declare.

Contribution of individual authors: All authors make substantial contributions to conception and design, and/or acquisition of data, and/or analysis and interpretation of data.

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