



Teen Pregnancy and Preterm Birth

L. Suzanne Fust, MPH, PhD

MOAPPP

All babies deserve a good start in life. But being born prematurely can increase a baby's risk for significant physical, developmental and learning problems over time. Prevention of preterm birth is therefore an important way to ensure that babies get that good start. Research has shown that adolescents, particularly younger adolescents, are at higher risk than are older mothers for delivering prematurelyⁱ and those young moms who go on to have another child during their adolescent years are at even higher risk.ⁱⁱ There are several factors which may play a role in this elevated risk of teens for preterm birth.

Some experts believe that teens' bodies may be too immature, or their nutritional needs too great, to carry an infant to full term in good health. Because age of menarche has been decreasing over time, younger women are increasingly capable of conceiving. Younger adolescents' need for nutrients may compete with the needs of the fetus, resulting in increased risk for poor outcome.ⁱⁱⁱ

Lack of prenatal care has been shown to be a risk factor for preterm delivery^{iv} and pregnant teens often receive inadequate prenatal care.^v This may result from teens' cognitive immaturity and negative or ambivalent feelings surrounding a pregnancy, which may cause them to delay seeking medical attention. However, it may also result from lack of access to confidential health care services. Teens are often fearful of their parents' reactions to a pregnancy and may not have access to places to go where they feel safe and can speak with caring adults who will help them get tested and make healthy and appropriate decisions surrounding the pregnancy.

Childhood sexual abuse is a risk factor for preterm birth^{viii} and research has shown that teens who become parents are more likely than older women to have a history of sexual abuse.^{viii} In addition, women who have experienced sexual abuse may have difficulty with obstetrical visits due to the fact that exposing the body and invasive procedures may trigger anxiety related to the past trauma^{ix} and as a result, these women may fear prenatal visits.

What can we do to help?

Prevent teen pregnancy: Provide comprehensive sexuality education to children and youth beginning in middle school. Research has shown us what works to prevent teen pregnancy. It's up to us to use that information.

Early identification of pregnant teens: Provide opportunities for teens to develop trusting relationships with caring adults in schools and communities. School counselors and social workers, mentors, and

extra-curricular activities staff are all in key positions to offer the support teens may need in times of crisis.

Access to confidential clinics: Provide safe and easily accessible places in the community where teens can get pregnancy tests and connect with professionals who can help them get early prenatal care. These same clinics may offer critical support for teens in helping them communicate with their parents about a pregnancy.

Educate health care providers: Ensure that those coming into contact with pregnant teens have the knowledge they need to ask the right questions and to help teens cope with the consequences of sexual abuse.

Prevent subsequent teen pregnancies: Offer comprehensive intervention services to pregnant and parenting teens that includes information about birth control and also guidance in setting goals for the future and the support needed to pursue these goals.

ⁱ Moore, M.L. Preterm Birth: A Continuing Challenge, *J Perinat Educ.* 2002, 11(4): 37–40.

ⁱⁱ Khashan, AS, et al. Preterm birth and reduced birthweight in first and second teenage pregnancies: a register-based cohort study. *BMC Pregnancy and Childbirth*, 2010, 10:36.

ⁱⁱⁱ Chen, X. Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. *Intl J Epidem*, 2007, 36: 368-373.

^{iv} Debiec KE, Paul KJ, Mitchell CM, et al. Inadequate prenatal care and risk of preterm delivery among adolescents: a retrospective study over 10 years. *Am J Obstet Gynecol*, 2010;203:122.e1-6.

^v Menacker, F. et al. Births to 10-14 year-old mothers, 1990-2002: trends and health outcomes. *Natl Vit Stat Rpts*, 2004, 53(7).

^{vii} Leeners, et.al Pregnancy complications in women with childhood sexual abuse experiences, *J Psychosom Res*, 2010, 503-10.

^{viii} Stock, et al, Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Fam Plann Perspect.* 1997;29(5):200-3, 227.

^{ix} Simkin, P. and Klaus, P. *When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women*, 2004, P.44