Adolescent Pregnancy

Committee on Adolescence

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There is a continuing nationwide concern regarding the high prevalence of adolescent/teenage/school-aged pregnancy. The terms adolescent pregnancy, teenage pregnancy, and school-aged pregnancy all have been applied to pregnancy at an age and/or developmental stage that is considered premature or inappropriate, especially with respect to outcome. Whereas fertility is determined by biologic factors, the impact of pregnancy and its consequences have biologic, psychosocial, and environmental determinants. The term "adolescence" is applied to the period of psychosocial development from childhood to adulthood that corresponds to chronologic ages 10 or 12 to 21 years. Adolescent pregnancy has different implications for the 18- or 19-year-old high school graduate who is married or planning marriage than for the 13- or 14-year-old middle school student who may be beginning the process of adolescence. Although recognizing this broad spectrum, the Committee on Adolescence has chosen the term "adolescent pregnancy" for this and related statements. Our primary concern is the individual in early to middle adolescence (younger than the age of 18 years) who is biologically and/or psychosocially immature, and for whom pregnancy is, often unplanned, if not unwanted.

Explanations for the high prevalence have ranged from inadequate sex education to sexual promiscuity. In this statement current research data will be reviewed and relevant information will be provided so that pediatricians and others responsible for the health care of adolescents can appreciate the implications and consequences of adolescent sexual activity and early childbearing.

SEXUAL ACTIVITY

The current problems resulting from teenage pregnancy cannot be appreciated fully without understanding adolescent sexual behavior and the secular changes that have taken place. From 1900 to the early 1960s, sexual behavior in the unmarried teenage population changed. A review of the earlier literature indicates a tenfold increase in the incidence of sexual intercourse among single teenage girls during this period. The evolution in attitudes toward adolescent sexuality that became apparent during the 1960s has resulted in both an earlier onset of sexual intercourse and an emergence of similar rates of sexual activity for older male and female adolescents. These changes in sexual behavior involve all segments of society in the United States.

The younger the adolescent, the more sporadic and generally infrequent is the level of sexual activity. Sexual intercourse by 12-year-old girls living in intact households is unusual. Exceptions may include incestuous experiences. However, more than 70% of 19-year-old women have engaged in sexual intercourse. Adolescents tend to confine their sexual relationships to a single partner in a "monogamous" relationship of varying duration.

The use of contraception among adolescents is erratic and is not widespread, although it has increased within the last few years. Results of several studies have indicated that more than one half of the girls and three fourths of the boys interviewed had risked pregnancy by having unprotected intercourse at least once. Adolescents fail to use adequate contraception for a variety of reasons. The younger the adolescent, the less likely he or she is to use adequate contraception. Because of the decreased effective use of contraception, fertility rates for sexually active adolescents are high.

PREGNANCY

Since 1945, the pregnancy rates for 15- to 19-year-old girls have paralleled those for all women of childbearing age. A sharp increase in pregnancy...
rates occurred after World War II, reached a peak between 1955 and 1960, and then began to decline. Birth rates decreased from 97 to 53 live births per 100,000 teenage girls between 1957 to 1982. The National Center for Health Statistics reports a continuing decline in birth rates among all females of reproductive age except those younger than 15 years of age. The actual number of live births to 15- to 19-year-old girls has been relatively constant during this period because the number of adolescent girls has nearly doubled.

Births among nonmarried young adults have declined, but among adolescents they have increased; 89% of births to girls 15 years of age and younger are out of wedlock compared with 34% of births to girls 19 years old.

HEALTH IMPLICATIONS

Early prenatal care is associated with a more favorable outcome for both mother and infant. Pregnant adolescents, however, are likely to enter prenatal care late in their pregnancy. A critical survey of the adverse health consequences of adolescent pregnancy reveals only one major age-related complication: a greater frequency of low birth weight infants. All other potential ill effects of adolescent pregnancy, except possibly pre eclampsia, appear to be dependent on socioeconomic status rather than age itself.

The reported incidence of low birth weight infants born to adolescents ranges from 6% to 20%. Data from different centers confirm a higher rate of low birth weight infants among girls younger than 15 years of age.

The higher incidence of low birth weight infants and the unfavorable outcome of these infants appear to be the major childbearing hazards of adolescent pregnancy. One suggested cause of low birth weight babies is small maternal size due to early biologic maturation. Other risk factors (such as socioeconomic status; poor nutrition; use of alcohol, tobacco, and other drugs; and sexually transmitted infections) are not age related but often are correlated with early sexual intercourse and pregnancy. The degree of contribution of biologic and other factors to the health-associated risks of adolescent pregnancy warrants further study. Health and developmental consequences for the infants born to adolescent mothers relate in part to premature birth and low birth weight but also to low maternal age, limited maternal education, and low socioeconomic status. Difficulty in obtaining and/or paying for prenatal care may further compromise pregnancy in young teenagers and increase the risk of adverse consequences.

Most adolescent mothers will encounter little medical difficulty during their pregnancies and their children will develop normally. Nonetheless, the younger the mother, the greater the risk of the health-associated consequences of pregnancy cited before. Delaying the first pregnancy until the late teenage years or early 20s substantially diminishes these risks.

PSYCHOSOCIAL CONSIDERATION

The pregnant adolescent, who has not yet completed her own development, frequently is subjected to several unfavorable psychosocial hazards. She usually is economically dependent, is forced to interrupt her schooling, and is frequently deserted by the father of her baby. The anger and distress engendered in some families by pregnancy in a young, unmarried daughter makes it apparent that these girls bear a significant social burden. The postponement of childbearing would improve most of the adverse factors for both the adolescent mother and her infant.

Guidelines for counseling the pregnant adolescent are contained in the AAP statement, “Counseling the Adolescent About Pregnancy Options.” Strategies for improving the outcome for adolescent mothers, fathers, and their infants are presented in the AAP statement, “Care of Adolescent Parents and Their Children.”

In conclusion, adolescent sexual intercourse and subsequent pregnancy are pressing contemporary concerns. Society can resolve these issues only through open discussion, adequate training of health care personnel, a more effective delivery and funding of health care and health education, and, finally, continued research.

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