Committee on Adolescence

Care of Adolescent Parents and Their Children

Adolescent parents and their children represent populations at increased risk for medical, psychologic, and social problems. The scope of the problem of adolescent pregnancy and the attendant obstetric/perinatal complications are summarized in the American Academy of Pediatrics' paper, "Adolescent Pregnancy."[1] Despite a decline in the rate of births to adolescents, the absolute number remains relatively constant because of the increase in adolescent girls. The number of children living with teenage mothers, therefore, remains significant. The health, psychosocial, and educational risks for children of young parents and the role of the pediatrician in prevention or early intervention to reduce those risks will be emphasized here.

MEDICAL RISKS TO INFANT AND MOTHER

Despite dramatic declines in maternal mortality and neonatal death rates in the past 40 years, related at least in part to improved availability and accessibility of obstetric and perinatal care, disproportionately high rates of both maternal and neonatal deaths continue to occur in young adolescents. This is especially true among nonwhite adolescents. Infant mortality coded with reference to the age of the mother varies among different localities, but some reports indicate that babies born to mothers aged 19 years and younger have a death rate higher than that of infants born to older women.[2] Improvements in perinatal care have resulted in decreases in medical complications among babies born to teenage mothers, but mothers aged 14 years and younger continue to experience unacceptably high rates of adverse outcomes.

The most significant medical risks for infants of teenage mothers are likely related to the parental care those infants receive after the first year of life. Infants born to younger teenage mothers have a higher rate of mortality by their second birthday than infants of older adolescents and adults.[3] The incidence of perinatal mortality and low birth weight increases with subsequent pregnancies in adolescents.[4] The morbidity experienced by the infants of young mothers is more subtle to define but has been reported to include increased rates of hospitalization and increased risks of accidents, poisonings, burns, and superficial injuries.[5]

PSYCHOSOCIAL RISKS TO INFANTS AND PARENTS

Education is a critical factor in the psychosocial outcome for adolescent parents and their infants. Economic stability is also directly correlated with education. The mother's education and socioeconomic status, in turn, affect the cognitive outcome of the infant. Although pregnancy in early adolescence most affects the educational attainment of the mother, adolescent fathers also feel the impact. Such mothers and fathers are less likely to graduate from high school than peer nonparents. Some of the mothers and fathers may, in fact, be intellectually limited. When younger parents do graduate, they enter the work force earlier and take more menial jobs with less opportunity for advancement than do their peers who delay childbearing until adulthood.[6] Approximately 75% of adolescent marriages end in divorce.[7] When divorce occurs, young mothers are less likely than older mothers to receive child support payments.[8]

In several studies the cognitive levels of infants of younger *v* older mothers have been compared, and the results indicate lower cognition among the infants of younger mothers. The mother's educational status, however, appears more important than her age. There is little evidence to suggest that adolescent parents abuse their children more frequently than older parents. However, neglectful parenting may be more likely to occur.[5] Studies of maternal attachment, social-emotional development, and school adaptation suggest that deficien-

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This statement has been approved by the Council on Child and Adolescent Health.

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

cies among the children of adolescent mothers may be secondary to emotional neglect.[9]

The complex and varied developmental status of the mother interacts with socioeconomic and broader familial issues to make her infant vulnerable to risk factors that seriously reduce optimal health and development. The younger mother—with less education, possible cognitive limitations, a lower socioeconomic level, and little or no support from her family—has the infant at highest risk for poor development and ill health.

PROGRAM OUTCOMES FOR INFANTS AND PARENTS

An unfavorable outcome for these families is not inevitable. A number of programs with medical and social service support have demonstrated specific strategies that can improve outcome. Key interventions can be directed toward adolescents to promote the health of their offspring. Model programs for teenagers have several elements in common: (1) Continuity of care through the prenatal period, labor, delivery, and postpartum follow-up; (2) the delivery of medical, social, and educational services to adolescents, with optimal communication between each agency and with their clients to enhance early diagnosis, counseling, and referral; (3) psychologic and social work services coordinated with medical services; (4) staff members knowledgeable about adolescent development and comfortable in relating to young people; (5) follow-up care for mother and infant including plans for education, vocational training, and social services as well as traditional medical care and future reproductive plans; (6) easy access to service providers for assistance with child care arrangements, family planning services, and psychosocial adjustment problems.[10] Infants of teenage mothers who participate in programs in which child development and infant stimulation are emphasized show some long-term positive effects.

RECOMMENDATIONS

Based upon successful program models, the following recommendations may improve long-term outcome for adolescent parents and their offspring.

The Adolescent Mother as a Patient

The pediatrician should (1) assess normal health issues important to any sexually active girl, including contraceptive use and screening for sexually transmitted disease, and (2) assess aspects of normal development, such as educational status and goals, and social and psychologic progress.

The Adolescent Girl as a Parent

The pediatrician should (1) assess the teenager's social support system, including her family, the infant's father, the father's family, surrogates such as friends and neighbors, and the health or community agency supports that were active during the prenatal period; (2) encourage close surveillance of the infant's health status, with a possible recommendation of assistance from community agencies such as visiting nurse services; (3) regularly review the parents' knowledge of child development and expectations for their child; and (4) be familiar with school and community-based services that support the mother's continuing education and the infant's development. The pediatrician should consider providing health care to both mother and infant at combined visits.

The Adolescent Boy as a Parent

The pediatrician should (1) establish the parental status of all male adolescent patients as part of routine medical history to identify those who may need services related to parenting issues; (2) provide support and counseling for adolescent fathers who may reveal new stresses accompanying their parental role; (3) identify referral resources for social, educational, and vocational resources outside the medical sphere; and (4) provide information concerning reproductive physiology and child development. If the parents seek medical attention as a couple, they may benefit from discussions of their future plans for the relationship. Specific guidelines to approaching these discussions are available.[11,12]

The Infant

The pediatrician should anticipate improved outcome if these recommendations are instituted for the infant's parent(s). When parents are too immature or are uncooperative, it may be necessary to contact other support persons, such as family members or even child protective services. Child care arrangements for infants should be reviewed carefully and adequate adult supports and supervision advocated when appropriate.

Adolescent parents and their offspring represent high-risk families that require intensive monitoring and a sensitive and caring approach by the pediatrician.

COMMITTEE ON ADOLESCENCE, (1986–1988)
S. Kenneth Schonberg, MD, Chairman (1987–1988)
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