



Pre-teenage Pregnancy Emergency Caesarean Section at Term following CPD in labour: A Case Report.

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ARTICLE INFO

Article No.: 030122027

Type: Case Study

Full Text: [PDF](#), [HTML](#), [EPUB](#), [PHP](#)

Accepted: 03/03/2022

Published: 25/03/2022

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Keywords: Pre-teenager,
emergency, caesarean section.

ABSTRACT

Background: Pre-teenage pregnancy is a high risk pregnancy with associated high incidence of maternal and perinatal morbidity and mortality. The risk factors of teenage pregnancy is multi-factorial cutting across all geographical locations influenced by religion and socio-cultural dispositions.

Aim: To report this uncommon case of pre-teenage pregnancy emergency caesarean section following cephalo-pelvic disproportion in labour (CPD) and offer preventive measures.

Case Report: She was Miss AG a 11-year old Junior Secondary Pupil Gravida 1 Para 0⁺ who registered for ante natal care at 26 weeks gestation at a government hospital in the company of her mother. She was sexually assaulted by her uncle which resulted to her conception. At presentation she was not pale, anicteric, afebrile (axillary temperature of 37.2⁰C). On abdominal examination, her fundal height was compatible with 26 weeks gestation. All other findings on physical examination were normal. She was compliant with her routine ante natal care and medications. She was booked for an elective caesarean section at 38 weeks of gestation but presented in labour at 37 weeks of gestation of which she had an emergency caesarean section with good fetal and maternal outcome. Her post-operative period was uneventful, she had psychological support from the hospital's child psychologist and was counselled on family planning.

Conclusion: The case is that of pre-teenage pregnancy which is a global problem associated with myriad of potential negative consequences to both the mother and the baby when not properly managed. Multidisciplinary approach should be institutionalized involving all stake holders to help prevent and mitigate impact locally and globally.

INTRODUCTION

Pre-teenage pregnancy constitutes an important social and public health problem which often results in shame and distress to the teenager as well as her family.¹ It usually occurs between the onset of puberty and early adolescence which is the period characterized by great sexual drive in boys and girls.^{1,2} It is said to occur when a girl below the age of thirteen becomes pregnant.²⁻⁴ This can also be classified as early adolescent pregnancy.²⁻⁴

General age range of adolescent pregnancy is between the age range of 11 years to 19 years.⁵⁻⁷ There is paucity of data with regard to pre-teenage pregnancy.⁶⁻¹⁰ Every year about 16 million women of age 15 to 19 years give birth and this constitutes 11% of all births worldwide, of these 95% occur in developing countries.² Globally, there is paucity of data with respect to pre-teenage pregnancy, however the rates of teenage pregnancy varies.²⁻⁴ It ranges between 1/1000 to 299/1000 girls with an average of 49/1000 girls.³ The incidence is higher in developing countries than their developed counterparts. The difference in the incidence rates between the developed and developing countries has been attributed to the availability of effective contraception for adolescents in the developed countries and not due to differences in sexual behaviour.²

The factors responsible for pre-teenage and teenage pregnancy are similar with emphasis on sexual activities in the contemporary society, early sexual maturation with decreasing age at menarche, breakdown in cultural bonds, lack of parental guidance, rapid urbanization, low educational and career aspiration, single parenthood and peer pressure.⁴⁻¹⁰ Researchers have shown that sexual activity occurs at early age with increased fertility and adolescents who were exposed to sexuality in the media were more likely to engage in sexual activity themselves.¹⁰ Abuse, domestic violence, poor contraceptive knowledge and use, and family instability and strife are also risk factors for pregnancy among pre-teenage girls especially in the developing countries.¹⁰

Studies have shown that pregnancies occurring before twenty years of age are often unplanned and may result from an unstable relationship. Many of the women present as unbooked patients when compared with older women;^{8,13} however with satisfactory or high quality maternity care, the outcome of pre-teenage pregnancy is improved with resultant healthier babies than those who did not receive such care.¹⁰ Anaemia resulting from inadequate nutrition is one of the complications of teenage pregnancy in developing countries and this has been attributed to the poor eating habits that is common in adolescence.⁸⁻¹⁰ The other complications that may arise are malaria, infection, pregnancy induced hypertension, preeclampsia/eclampsia, premature rupture of membranes, preterm labour, low birth weight,

increased episiotomies and cephalopelvic disproportion.⁶⁻¹⁰ Pregnant adolescents are more likely to smoke and use alcohol than the older women.⁴⁻⁸ Also, still births and deaths in the first week of life are 50% higher among babies born to mothers younger than 20 years than those of older women.⁵⁻¹⁰ The complications of pregnancy and child birth are the leading causes of death among women aged adolescent years in the developing countries and adolescents whose mothers gave birth as teenagers and pre-teenagers are likely to give birth before the age of 20 years.²⁻⁵ These can be reduced primarily by preventing the occurrence of adolescent pregnancy.⁶⁻⁸ This involves reproductive health education, contraceptive services for adolescents and appropriate legislation to discourage early marriage and pregnancy in the community. The postpartum period presents a good opportunity for taking concrete steps towards pregnancy and sexually transmitted disease prevention.⁸⁻¹⁰ When teenage pregnancies occur, it is necessary to minimize the complications associated with it by through optimal parental support and quality antenatal and perinatal care.⁹⁻¹⁰

CASE REPORT:

She was Miss AG a 11-year old Junior Secondary Pupil Gravida 1 Para 0⁺ who registered for ante natal care at 26 weeks gestation at a government hospital in the company of her mother. She was sexually assaulted by her uncle. At presentation she was pale, anicteric, mildly febrile (axillary temperature of 37.6⁰) and mildly dehydrated. On abdominal examination, her fundal height was compatible with 38 with gestation, with fetus in longitudinal lie, cephalic presentation, with fetus in left occipito-anterior position, descent was 4/5th palpable per abdomen, the fetal heart rate was 140 beats/minute and regular, she had 3 in 10 uterine contractions each lasting 35 seconds. Pelvic examination revealed normal vulva and vagina, moderate caput and moulding. Her clinical diagnosis of cephalo-pelvic disproportion in labour. She was resuscitated. Her relative was counselled on the need for an emergency caesarean section. Her pre-operative packed cell volume was 32%, she had 2 units of blood was grouped and cross-matched, her serology results were negative. She subsequently had an emergency caesarean section, the outcome was a live male baby Apgar scores were 8 in the first minute and 9 at the 5th minute. The estimated blood loss was 400 millilitres. Her post-operative packed cell volume was 30%, She was placed on haematinics. Her post-operative period was uneventful, she had psychological support from the hospital's child psychologist and was counselled on family planning.

Her menarche was at 11 years, she had a day menstrual flow in a 28 day regular flow. There was a history of dysmenorrhea but no menorrhagia. She was not aware of contraception. Her coitarche was at 11 years.

She is the first child in a family of 3 (2 girls and 1 boy). Mother is single mother who is a petty trader. Her uncle was the perpetrator of the sexual act which led to the pregnancy.

CONCLUSION

Pre-teenage pregnancy is a worldwide problem associated with myriad of negative consequences when not properly managed. Management is multi-disciplinary. Health care professionals should be trained to have the necessary skills and right attitude to care for pre-teenage pregnant girls.

Multi-disciplinary approach should be instituted involving all stakeholders to help prevent and mitigate impact locally and globally.

Hence the importance of reporting this uncommon clinical case report.

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Cite this Article: Eli, S; Eli-Ebi, S; Nonye-Eyindah, E; Aguwe, ND; Nnoka, V; Ow'honda, G; Emeghara, GI; Tee GP (2022). Pre-teenage Pregnancy Emergency Caesarean Section at Term following CPD in labour: A Case Report. *Greener Journal of Medical Sciences*, 12(1): 128-130.