CANADIAN PAEDIATRIC SOCIETY

AM 79-01

Statement

THE ADOLESCENT MOTHER AND HER BABY

Adolescent pregnancies have reached epidemic proportions in Canada. By far, the majority of these pregnancies are terminated by therapeutic abortion. However, the number of teens who decide to continue the pregnancy is large: 18,147 in 1976. This group needs special consideration by the medical profession before, during and after pregnancy. If we are to break a cycle of early pregnancies, more children, more welfare dependancy, excessive school leaving, more hospitalizations, and higher risk of child abuse, we must organize services specifically directed at this group.

Programs throughout Canada differ widely in their scope, quality and direction. In some areas, there is an absolute lack of programs solely for teenager parents. In others, programs run in one part of a city, are unknown to other agencies in the same city. Legislation and assistance varies from province to province but in some, earlier disqualification for aid to single parents, has recently been instituted.

What are the risks of this pregnant adolescent? The Canadian experience differs from the U.S. In Canada, it appears that in patients over 15 years of age, there are only minor increased risks re delivery, even though the girl may present halfway through the pregnancy. There is a definite higher risk of anemia and poor nutrition. The former causing early iron deficiency in the babies, the latter causing an array of problems. In girls under 15 years of age, there appears to be some slight increase in toxemia, pre eclampsia and premature delivery.

Why the concern? Because the teenagers, while awaiting the deliveries have dropped out of school, i.e. pregnancy is the main cause of school leaving; have lost many of their friends and become isolated; may have left home and begun to receive welfare and finally, may have entered into a marriage that is highly likely to fail.

From this prenatal turmoil, she may enter a maternal nightmare. The teenage girl who has chosen to keep in Canada is often one who has decided she needs this pregnancy for emotional reasons. However, adolescent, emotional needs can not be met by the demands of motherhood. The girl who wants someone to love her, has little love to give readily to a baby. The antisocial teen who has a baby to rebel is not ready to take on society's role of mother.

For this group which will be with us despite family planning programs, services must be organized to meet their specific needs as teenagers and to prepare them as best we can to be parents. We must integrate into the program spccific safeguards for the infant as well.

For all pregnant adolescents and their boyfriends or husbands, the following services should be made available in one central location by a group of people specifically interested in this group.

1. Transportation and/or their costs to and from all of the following.
2. Prenatal courses for adolescents *only,* with or without their male partners.
3. Individual nutritional counselling with a nutritionist who will be available to the girl both pre and post natally.
4. Individual financial planning re budgeting etc. to be provided at prenatal courses with a social worker with a view to *realistic* planning of living circumstances following delivery.
5. A prenatal meeting with a paediatrician to help plan for babies' health needs and discussion re breast feeding.
6. Her regular obstetric appointment given at more frequent intervals to catch problems early as well as to form a relationship with the medical community so many of these girls reject.
7. Access to continued education preferably with other adolescent pregnant girls.
8. Parent education courses for the girl and father.
9. Counselling of family for the new role the teen will take on.
10. Marriage counselling for these very fragile unions.
11. Babysitting, possible by other adolescents given in the centre.

For those not living at home, they should be encouraged to enter one of the existing homes for unwed mothers. The above services may be given in such an establishment. Those living at home or with the father could come to spend the day. Familiar surroundings and people should be an integral part of the program and all the necessary professionals could be brought to such a center at specific times.

Perhaps some additonal incentives could be attached to participating in the centre, i.e. distribution of family allowance cheques or exchange of baby things, wholesale vitamins, etc.

Detailed and extensive information of these services must be given to the proper people. as pregnancy is the primary reason for school leaving, *all* teens leaving school should be given clear information on these centres. Perhaps all teen obstetric patients could receive specific brochures.

We feel strongly that the cost effectiveness of this operation will easily balance the over-hospitalization, the duplication of social services, and whatever the cost of abused children may be.

The Adolescent Medicine Committee

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