Adolescent Pregnancy

Adolescent Pregnancy Rates

- 2002 Arkansas birthrate was down 7% to 60/1000 teenage girls ages 15-19.
- U.S. rate was 43/1000
- Since 1991, rate in Arkansas down 25%

Teen tells of giving birth, leaving baby at school
Comprehensive Sexuality Education

- Sexuality
- Sexually transmitted diseases
- Abstinence/Contraception
- Sex facts
- Relationships

National Health Goals

- Improve health of women during pregnancy.
- Reduce the adolescent pregnancy rate to no more than 43/1000, starting at a rate of 68/1000... so we are achieving!

Adolescents require...

- Special consideration during pregnancy:
- Physically and psychosocially immature
- Historical perspectives
Factors lending to teen pregnancy:
- Earlier age of menarche; unpredictable ovulation
- Increase in rate of sexual activity
- Lack of knowledge/failure to use
- Desire by young girls to have a child
- Two year gap with boys

“I had birth control pills in my drawer. I just didn’t take them…”
Marquel, age 17

Incidence of Adolescent Pregnancy
- Inadequate coping mechanisms
- Need to enhance self-concept
- Belief in own invulnerability
- Need for immediate gratification
• Present, not the future
• Lack concern for long-term consequences
• Immature search for attention/ideal love
• Lack of knowledge
• Sexual acting out; indulge in risk-taking
• Increase in dysfunctional families/moralities

Operational Thinking
• Get information from peers and environment
• Life as THEY see it…

Developmental Tasks - Erickson
• To establish a sense of self-worth and a value system
• To establish lasting relationships
• To emancipate from parents
• To choose a vocation
• The developmental crisis is to establish a sense of identity, both group & personal
Pregnancy’s effect on G&D:

- Rapid changes, growth, and stress may predispose to faulty problem-solving
- Cognitive development EVOLVES
- Process of separating from parents
- Health care decisions
- Development of a healthy sexual identity
- Future intimate relationships
- Value system/sense of identity

“My mom is the kind of person who, if you mention sex, she turns all red and clams up…”

Nancee, age 19

Nutrition, teens, and pregnancy

- Needs may not be met by teenagers’ eating habits
- Greater requirements due to rapid growth as body mass doubles
- Minimum daily standards cannot be set because of wide individual variations
- Increased need for minerals, calcium, zinc, iron
Why is it so hard to meet nutritional requirements?

Customized Assessment
- Consider to be hi-risk
- Later start to prenatal care
- Lack of knowledge/transportation
- Authority figures
- Emancipated minor
- Don’t express reason for coming to clinic
- Read nonverbal and between-the-lines

- Parents seen separately, as is father of baby
- Family profile
- Support system?
“A Day in the Life of…”

• Learn more about the whole person
• “When do you usually wake up?”
• “How many hours sleep is that?”
• “What about breakfast?”
• “Do you use any acne medicine?”
• “…breaks at school? Time to exercise or walk?”

TEACH as you go.

Physical Assessment and Anticipatory Guidance

• Particular to adolescents, development, learning
• Non-threatening
• Explanations/education
• Watch for risk factors!!

High Risk Pregnancy

• PIH – immature vascular system
• Iron-deficiency anemia – losses with menstrual flow, then needs for fetal growth and blood volume increases
• PTL
• CPD
• Postpartum Hemorrhage
• Postpartum Depression
Nursing Care Plan

• Nursing Diagnoses
  • Altered Nutrition, less than body requirements R/T intake insufficient to meet metabolic needs of fetus and adolescent patient
  • Interventions: assess current diet history, track weight gain, fetal growth

• Provide information, considering preferences and peer influences to correct any misconceptions and increase compliance
  • Include family or support system to ensure that person preparing meals receives info

  (Remember to involve patient!)
• Nursing Diagnosis
  Risk for injury, maternal or fetal, related to inadequate prenatal care and screening

• Interventions: using therapeutic communication and confidentiality – provide info, establish relationship, and build trust

• Discuss importance of ongoing prenatal care and possible risks to patient and fetus.
• Reinforce that ongoing asmt is crucial to health and well-being, even if patient feels well
• Discuss risks of alcohol, tobacco, illicit drugs, HIV/AIDS, STDs
• Screen for PIH

• Nursing Diagnosis
  Social Isolation r/t body image changes of pregnant adolescent as evidenced by patient statements and concerns

• Interventions: Establish therapeutic relationship – listen objectively, nonjudgmental
• Discuss changes in relationships to determine extent of isolation
• Provide resources and referrals
• Provide info regarding classes, give further info and group support, reducing isolation
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<thead>
<tr>
<th>Nursing Diagnosis</th>
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<td>Interrupted family processes r/t stress of adolescent pregnancy and parenting</td>
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<table>
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<th>Interventions:</th>
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<tr>
<td>Assess patient’s relationship with parents</td>
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<td>Involve baby’s father as appropriate</td>
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<td>Assist with ways to adapt to changes of pregnancy</td>
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<td>Encourage continuation in school</td>
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<td>Schedule follow up visits more frequently</td>
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