Pregnancy Complications in Teenage Mothers

There are special risks to a baby when the mother is not fully mature. Because most teenagers are not physically, emotionally, or financially ready to carry and care for a child, their babies tend to have low birth weight and are predisposed to a variety of illnesses. A teenage mother will need the full support of her family to live a healthy lifestyle for her and her baby.

Teen pregnancy has reached a 20-year low; however, teens give birth to approximately 500,000 babies each year. Teenagers often do not use contraceptives, and unfortunately, nearly two thirds of all teenage pregnancies are unintended.

The vast majority of teen mothers are not married, but few give up children for adoption or care by others. For this reason, the mothers often must drop out of school and cannot hold full-time employment. They must suddenly assume the responsibility of raising a child before they are ready, emotionally or financially.

Risks

Compared with mothers in older age groups, teenage mothers are at greater risk of having medical complications. Because the teenage mother is more likely to receive little or no prenatal care, she often becomes anemic and is more likely to develop preeclampsia, a severe condition associated with high blood pressure.

Vitamin deficiencies are more common, and the teenage mother's weight gain is likely to be inadequate. Since the teenage mother is still growing herself, she needs to eat properly not only for her own growth but for normal growth of the fetus.

Pelvic bones do not reach their maximum size until about the age of 18; therefore, the pelvis of the teenage mother may not have grown enough to allow vaginal delivery of a
normal-size baby. For this reason, the incidence of cesarean section is higher in teenage mothers -- a baby that can be delivered vaginally when the mother is 20 is often too large to have been delivered vaginally when she was 14 years old.

Babies born to teenage mothers are more likely to die in the first year of life compared with babies born to mothers older than 20 years of age. Since the teenage mother is less likely to eat correctly during pregnancy, her baby often has a low birth weight (less than 51/2 pounds), making it more likely the baby will become ill.

**Treatment**

The teenage mother should be encouraged to seek prenatal care early in pregnancy, eat a nutritious diet, take prescribed vitamins and iron supplements, and engage in healthy physical activity. Though a supportive family can help the teenage mother cope with her new responsibilities, social service agencies may be needed to help her find ways to finish school and seek employment.

**The Due Date**

The average length of pregnancy is 40 weeks, or 280 days, from the first day of the last normal menstrual period. The due date, or expected date of delivery, for a pregnancy is calculated simply by adding nine months and seven days to the first day of a woman's last normal menstrual period. For example, if the first day of the last menstrual period was January 1, the expected date of delivery is nine months and seven days later -- on October 8. (Some physicians use the term expected date of confinement, or EDC, to describe the due date.)

In reality, the majority of women do not actually give birth on the due date. About 80 percent of babies are born within ten days of the due date--either ten days before or ten days after. As long as the delivery occurs between 37 and 42 weeks, the pregnancy is considered full term.