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OBSTETRIC COMPLICATIONS IN ADOLESCENTS TREATED IN A PUBLIC MATERNITY OF REFERENCE

COMPLICAÇÕES OBSTÉTRICAS EM ADOLESCENTES ATENDIDAS EM UMA MATERNIDADE PÚBLICA DE REFERÊNCIA

COMPLICACIONES OBSTÉTRICAS EN ADOLESCENTES ATENDIDAS EN UNA MATERNIDAD PÚBLICA DE REFERENCIA

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ABSTRACT

Objective: to evaluate obstetric complications in adolescents attending a public maternity hospital. ***Method:*** descriptive, exploratory, quantitative approach, consisting of a sample of 125 adolescents with obstetric complications. The data were collected using a semi-structured form and analyzed using SPSS Software, version 20.0. ***Results:*** the sociodemographic profile revealed: age group 16 to 18 years of age (66.4%); brown ethnicity (88.8%); stable union (44%) and incomplete elementary school (38.4%). Regarding the causes of admission, there was a prevalence of premature amniorrexis associated with lower belly pain (71.2%); Threat of premature birth (13.6%); Pregnancy with first partner (51.2%); non-use of contraceptives (63.2%); Unplanned or desired gestation (85.6%); Urinary infection (26.4%), followed by pre-eclampsia and premature amniorrexis. ***Conclusion:*** the results reveal obstetric complications associated to the low socioeconomic level. ***Descriptors***: Pregnancy In Adolescence; Health Profile; Community Health Nursing.

RESUMO

Objetivo*:** avaliar as complicações obstétricas em adolescentes atendidas em uma maternidade pública de referência. ***Método*:** estudo descritivo, exploratório, de abordagem quantitativa, constituído de uma amostra de 125 adolescentes com complicações obstétricas. Os dados foram coletados por meio de formulário semiestruturado e analisados pelo Software *SPSS*, versão 20.0. ***Resultados: o perfil sociodemográfico revelou a faixa etária dos 16 aos 18 anos de idade (66,4%); etnia parda (88,8%); união estável (44%) e ensino fundamental incompleto (38,4%). Quanto às causas de admissão, houve prevalência para amniorrexe prematura associada à dor em baixo ventre (71,2%); ameaça de parto prematuro (13,6%); gravidez com primeiro parceiro (51,2%); não uso de contraceptivos (63,2%); gestação não planejada ou desejada (85,6%); infecção urinária (26,4%) seguida da pré-eclâmpsia e da amniorrexe prematura. ***Conclusão***: os resultados revelam complicações obstétricas associadas ao baixo nível socioeconômico. ***Descritores*:** Gravidez na Adolescência; Complicações Obstétricas; Enfermagem.

RESUMEN

Objetivo: evaluar las complicaciones obstétricas en adolescentes atendidas en una maternidad pública de referencia. ***Método:*** estudio descriptivo, exploratorio, enfoque cuantitativo, que consiste en una muestra de 125 adolescentes con complicaciones obstétricas. Los datos fueron recogidos a través del formulario semiestructurado y analizados a través del Software SPSS versión 20.0. ***Resultados:*** perfil sociodemográfico reveló: entre las edades de 16 a 18 años de edad (66.4%), etnia parda (88,8%), unión estable (44%) y primaria incompleta (38,4%). Cuanto a las causas de admisión hubo predominio de amniorrexe prematura asociado a dolor en la parte baja del vientre (71.2%); amenaza de parto prematuro (13,6%); embarazo con la primer pareja (51.2%), no uso de anticonceptivos (63.2%); embarazo no planeado o deseado (85,6%), infección urinaria (26.4%), seguida de la pre eclampsia y la amniorrexe. ***Conclusión:*** los resultados muestran complicaciones obstétricas asociadas al bajo nivel socioeconómico. ***Descriptores***: Embarazo en Adolescencia; Perfil de Salud; Enfermería en Salud Comunitaria.

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INTRODUCTION

Adolescence consists of the passage of life between childhood and adulthood, envisaged by intense physical, social, sexual and emotional changes, marked by the development of secondary sexual characters and the sealing of the bony epiphyses.[1] In adolescence, between ten and 19 years, the development of bio-psychosocial maturity occurs, in which sexuality manifests itself in new and surprising bodily needs and sensations.[2]

However, gestation in adolescence can lead to serious risks of morbidity and mortality for the mother and the concept, because, at this stage, the female reproductive system is still developing.[1] Furthermore, due to the behavioral, biological and emotional transformations, the adolescent, with an early gestation, can go through anxieties, fear, insecurity and a set of responsibilities that force early maturity.[3-4]

Early pregnancy occurs mainly due to the non-use of contraceptive methods, the lack of knowledge or due to the inadequate use of these methods. Thus, the need for the expansion of public policies such as Family Planning and the School Health Program is evident, as well as the participation of parents in the sexual and reproductive education of their children.[5] In addition, precocious puberty is a contributing factor For teenage pregnancy, as this ends up anticipating the onset of sexual life.[6]

In developing countries, the number of pregnancies among adolescents between the ages of 15 and 19 is 16 million per year, and mothers who gave birth under the age of 24 had 51.4% of live births. In those between ten and 14 years of age, this number was 0.9% and the age of 15 to19 years was 20.6%.[7]

In Brazil, the Northeast region has the second highest average pregnancy rate in adolescence, accounting for approximately 25% of the births registered in 2006. In Piauí, that percentage was 1.1% in women aged ten to 14 years of age and 24.9% of those aged 15 to 19 years, emphasizing that early pregnancy is still a public health problem.[8]

The main obstetric complications arising from adolescent pregnancy are cephalopelvic disproportion, urinary tract infection, preterm birth, intrauterine growth restriction, small newborns for gestational age, premature amniorrhexis, anemia and preeclampsia. Moreover, the number of low birth weight newborns is doubled in the group of adolescent mothers and neonatal mortality is approximately twice as high among puerperae between 15 and 19 years and five times in those under 15 years of age.[2]

In this context, holistic care for these adolescents, during prenatal care, delivery and postpartum, is necessary for the reduction of complications due to early pregnancy. In addition, the performance of an inter-professional team, qualified professional training, adequate infrastructure and efficiency in flow and counter flow are important for the reduction of injuries to these patients.

OBJECTIVE

• To evaluate the obstetric complications in adolescents attended in a reference public maternity hospital.

METHOD

A descriptive, observational, cross-sectional study of a quantitative approach, [9-10] in a public reference maternity hospital in the State of Piaui, located in the southern region of the city of Teresina- (PI), Brazil. It is an institution that offers, exclusively, high complexity, urgency and emergency, outpatient, hospitalizations, diagnosis and therapy. Currently, it is made up of 248 obstetric beds, 167 neonatal beds and a maternal intensive care unit with eight beds. It is the largest maternity hospital in the State and responsible for 63% of births in the capital. Performs about 1200 admissions per month, of which 900 are delivered in normal and cesarean modalities.[11]

The sample was obtained from a population of 180 adolescent postpartum women admitted to the study maternity from January to June 2014, comprising a sample of 125 adolescents, calculated with a precision of 5% and a 95% confidence interval. Data collection was performed between February and April 2015.

Inclusion criteria were postpartum adolescents admitted with some type of obstetric complication, in treatment or awaiting discharge, in which the mother or guardian signed the consent form (older than 18 years) or consent (under the age of 18 years, authorized by the person in charge), and the age range for adolescence adopted in this study was ten to 19 years. Excluded were those with clinical intercurrence at the time of data collection or with cognitive limitations.

The data were collected through a semi-structured form, through analysis of the medical record and interview. The variables of the study were socio-demographic: age; ethnicity; schooling; marital status; family

income; occupation and origin. And the obstetric: use of contraceptive method; planned pregnancy; hospitalizations in pregnancy; obstetric complications; habits; prenatal and type of delivery. Thus, the analysis process was done through the elaboration of simple frequency tables, using the *Software Statistical Package for Social Science* (SPSS), version 20.0.

The study complied with the determinations recommended by Resolution 466/2012, of the National Health Council (NHC), which regulates research involving human beings and was approved by the Research Ethics Committee of the Piauiense Association to Combat Cancer of Hospital São Marcos, with the CAAE No. 39470214.1.0000.5584 and Opinion No. 914.589.[12]

RESULTS

Table 1. Distribution of the frequency of sociodemographic characterization of adolescent postpartum women. Teresina (PI), Brazil, 2015.

Variables	n	%
Age		
13 to 15 years	12	10.4
16 to 18 years	83	66.4
Up to 19 years	28	23.2
Ethnicity		
White	03	2.4
Brown	111	88.8
Black	08	6.4
Yellow	03	2.4
Marital Status	51	40.4
Single		
Stable Union	55	44.0
Married	19	15.2
Education		
Basic Education	68	54.4
Highschool	57	45.4
Family Income		
Up to 1 minimum wage	88	74.4
From 1 to 3 minimum wages	32	25.6
From 3 to 5 minimum wages	05	4.0
Ocupation		
Housewife	92	73.3
Student	23	18.4
Other occupations*	10	10.0
Procedence		
Teresina	52	41.6
Municipalities of Piaui	66	52.8
Maranhão	07	5.6

*Farmer; manicure; apprentice; administrative aux.; Autonomous

Source: Public Reference Maternity

Table 2. Distribution of the frequency profile of hospitalizations of adolescent postpartum women. Teresina (PI), Brazil, 2015.

Variables	n	%
Hospitalization in pregnancy		
Yes	22	17.6
No	103	82.4
Motive for hospitalization		
Amniorx and pain in the lower abdomen	89	71.2
Premature labor	17	13.6
Pre-eclampsia	12	9.6
Transvaginal bleeding	08	5.6
Gestational age in hospitalization		
32 to 34 weeks	10	8.0
35 to 38 weeks	46	36.8
39 to 41 weeks	65	52.0
More than 42 weeks	04	3.2

Source: Public Reference Maternity

Table 3. Distribution of the frequency of obstetric characterization of the current gestation of adolescent postpartum women. Teresina (PI), Brazil, 2015.

Variables	n	%
Got pregnant from 1st partner		
Yes	64	51.2
No	61	48.8
Used contraceptive method		
Yes	46	36.8
No	79	63.2
Planned pregnancy		
Yes	18	14.4
No	107	85.6
Consumes alcohol, smokes or other drugs		
Yes	03	2.4
No	122	97.6
How discovered pregnancy		
β-hcg Test	18	14.4
Pharmacy test	47	37.6
Simptomatology	18	14.4
Simptomatology and β-hcg	15	12.0
Simptomatology and pharmacy test	27	21.6
Pre-natal consultation		
< 6 consultations	47	37.0
> 6 consultations	77	61.8
Tipe of labor		
Normal	47	37.6
C-section	78	62.4
Intercurrent during pregnancy		
Urinary infection	33	26.4
Other intercurrencies	13	10.4
Without intercurrencies	79	63.2

*Hypertension, maternal syphilis, trans-vaginal bleeding.
Source: Reference public maternity.

DISCUSSION

A study carried out in Jundiaí (SP) found that 50% of pregnant adolescents had a 16 to 17 year age group, information that corroborates this research.[13] However, another study, carried out in a maternity hospital in the city of São Paulo, showed a large percentage With a lower age group, in which 93% of births were adolescents aged 11 to 19.[14]

As for ethnicity, the brown color was predominant, and this is explained by the fact that Piauí presents 64% of its self-declared brown population.[15] Similar result to a survey carried out in the city of Rio de Janeiro, with adolescent puerperae, where it was observed that 53 , 6% declared themselves to be brown and black.[16] In contrast, a study carried out in Niterói (RJ) found that 64.8% of pregnant adolescents were white.[17]

Regarding the marital status of adolescents, the majority were in stable union, similar to a study conducted in a maternity school, in which 60.6% reported living with the partner. This can be justified by the existence of social pressure for the couple to form a union, even without officiating the marriage or having financial independence.

Low schooling may be explained by age and the fact that adolescents during pregnancy may have difficulty continuing their studies due to feelings of shame, lack of family encouragement, partner demands, poor health during pregnancy or having to Work to help with household expenses.[18]

The low income occurs due to the fact that the majority of the adolescents do not exercise paid activity, counting on the salary of the partner, the parents or with social benefits of the federal government, such as the Family Grant. This situation is worrisome because a study relates the unfavorable economic condition and the low level of schooling as social factors that can influence the early pregnancy.[19]

The considerable number of puerperal adolescents with obstetric complications from the interior of Piauí can be justified because the maternity of the study is a reference in the State in maternal and child health, providing care for high risk pregnancies.

It is worth noting that the non-use or inadequate use of contraceptive methods, in early sexual life, contributes to unplanned early pregnancy. Corroborating this study, a survey carried out in a maternity school showed that 56% of the adolescents interviewed became pregnant with the first partner.[20] In addition, in another study, 75% of the adolescents reported not having planned their pregnancy.[21]

The democratization of access, correct use and awareness of the importance of using contraceptive methods is still a challenge,

since a descriptive study pointed out that 18.2% of pregnant adolescents reported having difficulty accessing these methods, all of whom knew The condom and 86.4% were aware of oral contraceptives. However, only 31.8% of the sample reported using any method.[22]

The main reasons for hospitalization were premature amniorrexis, low belly pain, preterm labor, preeclampsia, and transvaginal bleeding. A documentary study pointed out that urinary infection (35.7%), vaginal bleeding (14.3%) and high blood pressure (14.2%) were the main reasons for hospitalization in pregnant adolescents.[23]

Regarding the gestational age of the current pregnancy, a cross-sectional survey found that 19.5% of the total live births of adolescent mothers, 86.5% had a gestational age of 37 weeks or more, and only 13.5% had less than 37 weeks, presenting similarity to this study.[24]

Furthermore, this study showed that most adolescents did not ingest alcohol, tobacco or other drugs during pregnancy, confirming the study conducted in Fortaleza (CE) in which 82.5% of adolescents interviewed did not use any type of drug during pregnancy. The gestational period. However, 1.5% reported concurrent consumption of alcohol and tobacco, and this may compromise maternal health and the concept.[25]

For the discovery of gestation, a study detected that 48% conferred through ßhcg; 29%, through the presented symptomatology and 15% resorted to the tests of pharmacy, proving with this research.[26]

A cross-sectional study showed that 97.8% of the adolescents did not perform the minimum of six prenatal consultations recommended by the Ministry of Health. This is worrying, since prenatal care is aimed at the complete follow-up of the mother and the unborn child, as well as the detection Of obstetric complications.[24]

Regarding the way of delivery, the data obtained in this research differ from those found in Feira de Santana (BA) in which 60.3% of adolescents had normal delivery and this can be justified by the fact that adolescence is understood as a protection factor for childbirth Cesarean section, taking into account the high proportion of low birth weight infants.[27]

In a study carried out with adolescent parturients with obstetric complications hospitalized in a maternity unit of a regional hospital, results similar to those observed in this study were observed, in which the main complications evidenced were Urinary Tract Infections, preeclampsia, premature amniorrexis And preterm labor.[28]

Urinary Tract Infection (UTI) is a common complication in pregnant women due to the hormonal changes that allow relaxation of the urethra, decreasing the flow of urine to the bladder. This delay in the production of urine, coupled with lack of hygiene, can facilitate the increase of bacteria and, consequently, the infection. Thus, a study carried out in São Paulo (SP) found that 38.7% of adolescents had UTI during pregnancy, showing a significant association of this infection with prematurity.[29]

Preeclampsia is a syndrome that usually appears in the third trimester of pregnancy, characterized by persistent hypertension, above 140x90 mm Hg, proteinuria, and upper limb and face edema. The prevalence of preeclampsia is 5 to 12%, with wide oscillations in the literature. In 15% to 20% of cases, this complication develops with renal impairment, associated with increased levels of proteinuria and uric acid, and the main complaints are headache and epigastric pain.[30]

Premature amniorrexis is an obstetric complication consisting of the rupture of the ovary membranes (amnion and chorion) before the onset of labor, leading to the consequent loss of amniotic fluid. When this occurs before 37 weeks gestation, is called premature rupture of preterm membranes. The main factors contributing to premature amniorrhexis are maternal (urinary, sexually transmitted, and intrauterine) infections, cervicitis, istmocervical incompetence, and multiple gestations.[31]

Trans-vaginal bleeding was also one of the complications evidenced. At the end of the third trimester of gestation, this complication is of concern and may be a sign of premature delivery, premature placental abruption or the consequence of previous placenta bleeding. An exploratory and descriptive study pointed out that trans-vaginal bleeding corresponded to 2.5% of obstetric complications in pregnant adolescents, in consonance with this study.[32]

CONCLUSION

Adolescents with obstetric complications have high social vulnerability, since most have incomplete elementary education, family income below a minimum wage and a large percentage are single and dependent on the country. In addition, the majority is from the interior of Piauí and some have reported difficulty accessing health referral services.

Regarding hospitalization, it was evidenced that most of the adolescents were not admitted during pregnancy, however, there was a considerable percentage of patients hospitalized for premature amniorrexis, with pain in the lower abdomen. Thus, the importance of continuous follow-up and the adoption of healthy habits during gestation to minimize these complications are highlighted.

It was noted that unplanned pregnancy in adolescence is still a public health problem, since most did not use contraceptive methods and did not want pregnancy. This shows how much sex education needs to progress. However, it was verified that the majority of adolescents with obstetric complications performed more than six prenatal consultations, evidencing that Piauí has a wide coverage in the care of pregnant women. Moreover, it was observed that obstetric complications preceded delivery, with emphasis on Urinary Tract Infection, premature amniorrexis, preeclampsia and trans-vaginal bleeding, corroborating with the national literature.

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