ASSISTANCE PROVIDED TO ADOLESCENTS AT CHILDBIRTH IN A HIGH-RISK MATERNITY HOSPITAL

Assistência prestada à adolescente no momento do parto em uma maternidade de alto risco

Atención al adolescente en el momento del parto en una maternidad de alto riesgo

Original Article

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ABSTRACT

Objective: To examine the obstetric practices carried out in parturient adolescents seen in a high-risk maternity hospital. **Methods:** Observational, cross-sectional, documental, and descriptive study, performed through search in 157 medical records of parturient adolescents seen in a high-risk maternity in Maceió, AL, Brazil, in the period from January to June 2013. Socioeconomic variables and the obstetric and clinic practices were evaluated, and the results were presented in simple frequency. **Results:** Among the parturient adolescents, age ranged from 14 to 19 years, and 96 (61.1%) were in a stable relationship. Regarding the obstetric data, 125 (79.6%) were primigravidae, and 73 attended between 4 and 6 prenatal visits. In 107 (68.1%) medical records, the partogram was not found. Of the childbirths, in 75 (47.8%) the professionals did not perform episiotomy, in 110 (70.1%) active management of the 3rd stage of labour was practiced, and 146 (86.6%) adolescents did not have complications during childbirth. **Conclusion:** The study evidenced that some obstetric practices recommended by the Ministry of Health are being performed with the parturient adolescents, but are not enough for quality care.

Descriptors: Adolescence, Pregnancy, Childbirth, Humanization, Nursing.

RESUMO

Objetivo: *Analisar as práticas obstétricas realizadas em adolescentes parturientes atendidas em uma maternidade de alto risco.* **Métodos:** *Estudo observacional, de corte transversal, documental e descritivo, realizado com busca em 157 prontuários de parturientes adolescentes atendidas em maternidade de alto risco em Maceió-AL, no período de janeiro a junho/2013. Avaliaram-se variáveis socioeconômicas, práticas obstétricas e clínica, sendo os resultados apresentados em frequência simples.* **Resultados:** *Entre as parturientes, a idade variou de 14 a 19 anos, e 96 (61,1%) viviam em união estável. Com relação aos dados obstétricos, 125 (79,6%) eram primigestas e 73 realizaram de 4 a 6 consultas de pré-natal. Em 107 (68,1%) prontuários o partograma não foi encontrado. Entre os partos realizados, em 75 (47,8%) os profissionais não realizaram episiotomia, em 110 (70,1%) foram realizadas manobras ativas do 3º estágio e 146 (86,6%) adolescentes não tiveram complicações clínicas no parto.* **Conclusão:** *Evidenciou-se que algumas práticas obstétricas preconizadas pelo Ministério da Saúde estão sendo realizadas com as parturientes adolescentes, mas não são suficientes para uma assistência de qualidade.*

Descritores: *Adolescência; Gravidez; Parto; Humanização; Enfermagem.*

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RESUMEN

Objetivo: *Analizar las prácticas obstétricas realizadas en adolescentes parturientas asistidas en una maternidad de alto riesgo.* **Métodos:** *Estudio observacional, de corte transversal, documental y descriptivo realizado con una búsqueda en 157 historiales clínicos de parturientas adolescentes asistidas en una maternidad de alto riesgo de Maceió-AL, en el período entre enero y junio/2013. Se evaluaron las variables socioeconómicas, prácticas obstétricas y clínica con los resultados presentados en frecuencia simples.* **Resultados:** *La edad de las parturientas varió entre 14 y 19 años y 96 (61,1%) vivían en unión estable. Sobre a los datos obstétricos, 125 (79,6%) eran primigestas y 73 realizaron entre 4 y 6 consultas de prenatal. El partograma no ha sido encontrado en 107 (68,1%) historiales clínicos. En 75 (47,8%) de los partos realizados los profesionales no hicieron la episiotomía, en 110 (70,1%) fueron realizadas maniobras activas del 3º nivel y 146 (86,6%) adolescentes no tuvieron complicaciones clínicas del parto.* **Conclusión:** *Se evidenció la realización de algunas prácticas obstétricas establecidas por el Ministerio de la Salud en las parturientas adolescentes pero las mismas no son suficientes para una atención de calidad.*

Descriptores: *Adolescente; Embarazo; Parto; Humanización de la atención; Enfermería.*

INTRODUCTION

Adolescence is the period when physical and psychosocial changes take place in the human being; it is a transitional period between childhood and adulthood[1]. The World Health Organization (WHO) defines adolescence as the second decade of life (10-19 years) and refers to people aged 15-24 as youth. The Statute of the Child and Adolescent (*Estatuto da Criança e Adolescente – ECA*) defines adolescent as those individuals in the age group 12-18 years[2].

Teenage pregnancy is a concern in the various sectors of society, as circa 14 million adolescents aged 15-19 become mothers each year, accounting for more than 10% of births in the world[3,4]. In Brazil, there was a 30% reduction in the number of births in adolescents aged 15-19 years; however, the age group 10-15 years remains unchanged, with 27,000 births each year, which represents 1% of total births in the country[5].

WHO highlights that pregnancy and childbirth in adolescence are associated with higher risks to maternal health, as pregnancy and childbirth complications are the leading causes of death in adolescents aged 15-19 years in developing countries[6]. In contrast, the Ministry of Health (MH) emphasizes that adolescence itself is not a risk factor for pregnancy. However, there is a possibility of psychosocial risk associated with the acceptance or not of pregnancy[7].

Regarding research on this theme, most studies addresses only the physical, psychological and social risks of conditions in the lives of adolescents, without emphasizing the aspects of care in pregnancy and postpartum. The proper care during childbirth is an important attitude to ease the complications that can accompany teenage pregnancy[8].

In order to reduce unnecessary practices during childbirth care, WHO published the "Care in Normal Birth: A Practical Guide" in 1996 as a reference for the implementation of humanized birth in health services. This guide recommends the current obstetric practices based on scientific evidence[9,10].

These practices are classified into four categories: category A – practices which are demonstrably useful and should be encouraged; Category B – practices which are clearly harmful or ineffective and should be eliminated; Category C – practices for which insufficient evidence exists to support a clear recommendation and which should be used with caution; Category D – practices which are frequently used inappropriately, causing more harms than benefits[11].

In 2000, the Ministry of Health, based on the recommendations on good obstetric practices, established the Prenatal and Birth Humanization Program (*Programa de Humanização no Pré-Natal e Nascimento – PHPN*) aimed to ensure improved access coverage and quality of prenatal care and care during childbirth and postpartum[12].

Thus, although the PHPN is a care policy aimed at improving prenatal and childbirth care, it fails for not considering the specificities of the pregnant adolescent. Adding to that, it is known that pregnant adolescents have physiological and emotional specificities and therefore need exclusive assistance and care for their age group, particularly during childbirth[13,14].

Given the above, the aim of this study was to evaluate the care provided to pregnant adolescents attending a high-risk maternity hospital in Maceió, AL.

METHODS

This was a quantitative, documentary, descriptive and retrospective cross-sectional study conducted at the *Maternidade Escola Santa Mônica – MESM* located in the city of Maceió, AL. The MESM is a reference public maternity hospital that provides high- and medium-complexity care and educational activities to the community of the city of Maceió and all the state of Alagoas.

We assessed the records of all adolescents (n=157) aged 10-19 who had normal birth and were hospitalized

in the maternity hospital from January/2013 to June/2013. We excluded the clinical records of adolescents admitted to the maternity hospital at the pushing stage of labor, those who gave birth during screening, and those with mental disorders and obstetric emergencies.

Data were collected in the medical records service (*Serviço de Arquivo Médico – SAME*) using a formulary specifically designed for this study to analyze the following variables: sociodemographic information, obstetric history, good obstetric practices used (use of partogram, episiotomy, oxytocin, active management of the third stage of labor, amniotomy, contact between the newborn and the mother after birth, and non-pharmacological methods of pain relief), in addition to maternal and neonatal characteristics of pregnant adolescents.

Data underwent descriptive analysis using absolute number of presentation and simple frequency.

Table I - Sociodemographic data of pregnant adolescents. Maceió, AL, 2013.

Characteristics	n	%
Age		
19 years	28	17.84
18 years	40	25.48
17 years	40	25.48
16 years	28	17.83
15 years	17	10.82
14 years	4	2.55
Origin		
Maceió	67	42.68
Another city	87	55.41
N/A	3	1. 91
Color/race		
White	5	3.19
Yellow	-	-
Black	4	2.55
Indigenous	-	-
Parda	144	91.71
Other	-	-
N/A	4	2.55
Marital Status		
Single	43	27.39
Married	13	8.29
Common-law married	96	61.14
Other	-	-
N/A	5	3.18
Years of School		
None	4	2.52
1 to 4	28	17. 84
4 to 7	78	49.70
11 or more	40	25.48
N/A	7	4.46

Table II - Obstetric history and characteristics of current pregnancy. Maceió, AL, 2013.

Characteristics	n	%
Patient's pregnancy		
Primigravida	125	79.62
Secundigravida	22	14.01
Tertigravida	7	4.45
Multigravida	0	0
N/A	3	1.92
Patient's parity		
Primiparous	134	85.35
Pauciparous	20	12.74
Multiparous	0	0
N/A	3	1.91
Prenatal consultations		
None	4	2.55
1 to 3	26	16.56
4 to 6	73	46.49
7 or more	37	23.57
N/A	17	10.83
Gestational age at birth		
< 20 weeks	0	0
20 to 30 weeks	12	7.79
30 to 36 weeks	78	50.65
37 to 42 weeks	64	41.56

The study is in accordance with Resolution 466/12, of the National Health Council, on research involving human beings, and data were collected only upon approval by the Ethics Committee, Process No. 228572113.0.0000.5013, followed by authorization of the maternity hospital.

RESULTS

The patients assessed were aged 14-19 years, with a higher prevalence of 17-18-year-olds (59.9%). Most pregnant women were originally from the countryside of the state (87; 55.4%), were self-declared *parda* (144; 91.7%), were common-law married (96; 61.1%), and had completed 4-7 years of school (78; 49.7%) (Table I).

Regarding obstetric history, 125 (79.6%) adolescents were primigravida and 134 (85.3%) were primiparous. As to the characteristics of the current pregnancy, 73 (46.4%) had attended 4-6 prenatal consultations and 78 (50.6%) presented gestational age between 30 and 36 weeks in the moment of childbirth (Table II).

With regard to good obstetric practices used in adolescents, 107 (68.1%) of the records did not inform the partogram and 18 (11.5%) were incompletely filled. Regarding the deliveries performed, in 75 (47.8%) of them, the professionals did not perform episiotomy, and in 110 (70.1%), active maneuvers were performed in the 3rd stage of labor, such as the administration of two IM injections, controlled cord traction, and uterine massage. Regarding amniotomy, 150 (95.5%) records had no information registered, and of these, 134 (85.7%) presented clear fluid.

Regarding the use of oxytocin, 127 (80.9%) participants had used it; of these, 21 (13.3%) used it in the first stage of labor. With regard to skin-to-skin contact after birth, such information was not registered in 152 (96.8%) medical records. According to the data collected on the use of non-pharmacological methods of pain relief, 150 (95.5%) were not recorded in the medical records (Table III).

Among the adolescents assessed, the clinical and perinatal characteristics indicated that 136 (86.6%) had no clinical complications during delivery and postpartum. The most prominent complication was incomplete placental delivery (112; 71.4%), 117 (74.5%) adolescents were hospitalized for days in the institution, and 112 (71.3%) newborns were sent to rooming-in care (Table IV).

Table III - Good obstetric practices used in adolescents. Maceió, AL, 2013.

Characteristic	n	%
Use of partogram		
Not filled	7	4.46
Incomplete	18	11.47
Complete	25	15.92
Not found	107	68.15
Use of episiotomy		
Yes	73	46.50
No	75	47.77
N/A	9	5.73
Active management -3rd stage		
Yes	110	70.06
No	-	-
N/A	47	29.94
Amniotomy		
Yes	7	4.45
No	-	-
N/A	150	95.55
Use of oxytocin		
Yes	127	80.90
No	-	-
N/A	30	19.10
Skin-to-skin contact after birth		
Yes	5	3.19
No	-	-
N/A	152	96.81
Non-pharmacological methods of pain relief		
Shower	1	0.64
Massage	1	0.64
Touching	-	-
Other	5	3.18
N/A	150	95.54
Place of delivery		
Screening	-	-
Pre-delivery	-	-
Delivery room	148	94.26
N/A	9	5.74

Table IV – Maternal and perinatal characteristics of pregnant adolescents. Maceió-AL, 2013.

Characteristics	n	%
Clinical or obstetric complications during childbirth and postpartum		
Yes	21	13.37
No	136	86.63
N/A	0	0
Length of stay in the institution from hospitalization to discharge		
Hours-mother	37	23.56
Days-mother	117	74.53
N/A	3	1.91
Destination of NB		
Rooming-in	112	71.34
Neonatal ICU	17	10.83
Neonatal ITU	27	17.20
Morgue	0	0
N/A	1	0.63

ICU: Intensive Care Unit; ITU: Intensive Therapy Unit.

DISCUSSION

This study shows the profile of care for pregnant adolescents in a public maternity hospital in the state of Alagoas and indicates that there is still a high prevalence of births in this age group, although the Ministry of Health (MH) has reported a 30% reduction in the number of births among adolescents in the last decade[5].

However, in the sample assessed there was a prevalence of pregnant adolescents from the countryside of the state. However, these findings are supported by IBGE data, which indicate that the North and Northeast regions have the highest fertility rates in the country, particularly in rural areas[15]. This finding has social, cultural and economic aspects as determinants of this early pregnancy, as in the North and Northeast regions, particularly in smaller towns, the access to information is scarce and the population's awareness is limited.

With regard to marital status, the study showed that most pregnant adolescents assessed are common-law married. A similar result was found in a study in Indaiatuba, SP [16], where the majority (78.8%) of adolescents also maintained a common-law marriage after pregnancy. In another study developed in Fortaleza[17], most adolescents reported being single or common-law married, which reinforces to society the idea of inconsistent relationships among adolescents[17].

The high occurrence of common-law married adolescents is linked to a satisfaction imposed by society in forming a family, even if temporary, in order to structure the development of the unborn child[18]. In addition, in adolescents' relationships there is great risk of establishing a relationship to other partners, and this increases by 40% the possibility of a new pregnancy. Consequently, when the adolescent is living with her partner, the chances of a new unwanted pregnancy are reduced[19].

As to the level of education, it was observed that pregnant adolescents had completed 4-7 years of school, demonstrating a low level of education. This school dropout may be associated with pregnancy, coupled with the shame of schoolmates and the fact they start taking care of the home[20].

Similarly, studies conducted in other states such as Bahia, Rio de Janeiro and Rio Grande do Sul, showed that among pregnant adolescents, 35.3% had not completed elementary school and 44.1% had not completed high school[21]. Thus, the probability of adolescent mothers become economically successful adults is lower due to the low level of education[20].

By analyzing the number of pregnancies and deliveries, which are important obstetric data, we observed that the sample has a higher proportion of births compared to the number of pregnancies. This is because the abortion was considered a pregnancy like the others.

It should be noted, therefore, that the pregnant adolescents were in their first pregnancy. A similar result was found in a research conducted in Teresina, PI, where 69.5% of the adolescents were primigravida[3]. In a similar study conducted in the municipality of Catanduva, SP, the average age of adolescents giving birth for the first time was 15 years, while the average age in the second pregnancy was 17 years[6]. These results are corroborated by other authors,

highlighting even the correlation between recurrence of pregnancy, the greater number of children and age at first pregnancy, which, in turn, is related to the early onset of sexual intercourse[6, 11,16].

Regarding prenatal consultations, most adolescents attended 4-6 consultations. According to the Ministry of Health, the appropriate number of consultations in prenatal care would be equal or greater than six, and they should be held monthly until 28 weeks of pregnancy, fortnightly between 28 and 36 weeks, and weekly at the end of pregnancy[5].

With regard to good obstetric practices used in pregnant adolescents, the partogram was not found in most medical records analyzed, with similar results identified in a study on humanized care during childbirth in adolescents, where the use of the partogram was found in only one third of the records analyzed[8]. Thus, this study shows negative results related to the care during the evolution of labor in the adolescents, as the World Health Organization (WHO) recommends using the partogram in maternity hospitals for monitoring the progress of labor, avoiding complications that can result in maternal and neonatal death.

The lack of information on amniotomy on the records hindered the assessment of this practice. In comparison, two separate studies conducted in Rio Grande do Sul showed that amniotomy was excessively performed[8,9]. Although there is evidence that early amniotomy can reduce the length of labor, undesirable effects may occur, such as increased risk of caesarean section, umbilical cord prolapse, cord compression with increased frequency of fetal decelerations and hemorrhages, and ascending infections. Therefore, amniotomy should be avoided and should only be performed during labor, with specific clinical indications[19-20].

As to the use of oxytocin in the three stages of labor, it was observed that this practice was used mostly in the third stage. This is a positive fact in relation to another study conducted in Pelotas, in which the prevalence of administration of oxytocin at the first stage was 91.7%[9]. The use of oxytocin should be done with monitoring of maternal and fetal well-being. The routines that lead to unnecessary medicalization of women during labor must be reconsidered, since there are no proven benefits in routine use of oxytocin, but there are side effects such as uterine hyperstimulation and increased pain[21].

With regard to skin-to-skin contact between mother and child, it was noticed that most of the time this practice was not encouraged or was not recorded in the medical records by professionals. A similar result was found in a research conducted in Pelotas, in which early mother/baby contact has not always been incited and most of the professionals did not encourage the mother to breastfeed her child[9]. According to the Ministry of Health, there are several benefits linked to breastfeeding started soon after birth, including the induction of uterine contraction, stimulated by the release of endogenous oxytocin through suction, which can reduce maternal bleeding after birth[5].

A study on the use of non-pharmacological methods for relieving pain and their considerable efficacy reported that the position, frequency of position changes and ambulation exert profound effects on uterine activity and efficacy. The use of birthing balls allows the change of position, decreasing the painful sensation of uterine contraction, encourages spontaneous and unusual movements, and helps in fetal rotation and descent. Respiratory and relaxation techniques, as well as the shower, brought another way to combat the pains of childbirth and reduce anxiety and muscle tension[22].

With regard to complications during childbirth, it was observed that pregnant adolescents did not have any kind of complications. Considering that the delivery room is part of the obstetric center, it was observed that most births occurred in the delivery room. Thus, the quality care during childbirth depends on structural and functional components of the Obstetric Center (OC)[22]. In this sense, the care provided to pregnant adolescents was adequate, since most of them had their children in the delivery room.

With emphasis on the length of stay in the institution, the Ministry of Health published in September 1993 an ordinance emphasizing hospital discharges should not happen within 48 hours given the highly educative approach inherent in the rooming-in care and for being an important period for the detection of neonatal pathologies[5].

Some data of the present research are limited due to the lack of information on the records, which resulted in the assessment of care aimed at pregnant adolescents.

CONCLUSION

The present study showed that some obstetric practices recommended by the Ministry of Health are being held with the pregnant adolescents; however, they are not enough to provide a quality care. It is recommended that professionals are aware of the importance of humanized care, being trained and qualified to provide this service.

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