

Obstetric outcomes and antenatal access among adolescent pregnancies in Kwazulu-Natal, South Africa - Poovendhree Reddy - Durban University of Technology

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South Africa, like many other developed countries, is challenged by the under attendance and delay in initiation of antenatal care (ANC) services among pregnant adolescents. Adolescents are more vulnerable to pregnancy related complications, which may contribute to maternal and child mortality and morbidity.

This study aimed at evaluating the under attendance and/or delay in initiation of ANC services among young pregnant adolescents (13-16 years old) as a risk for adverse maternal and birth outcomes. The research was based at a district hospital on the North Coast of Kwazulu-Natal. A retrospective review of all young adolescent (13-16 years old) maternity case records for the period from 2011-2013 was conducted.

Data collected included ANC trends in attendance, obstetric and perinatal outcomes. A total of 314 pregnancies were recorded among young adolescents at this single hospital over a period of 3 years. Adolescent pregnancy was associated with a risk of late ANC booking and reduced ANC visits.

The prevalence of anaemia (32%) was relatively high among the girls. Fifty percent of all adolescents received episiotomies while, 45 (14%) experienced perineal tears. Logistic regression models found that the condition of perineum was significantly associated with HIV status (OR=0.36; 95% CI=0.16; 0.84; $p<0.05$). HIV positive mothers were more likely to have an intact perineum post-delivery.

However, HIV positive adolescents were twice as likely to be diagnosed with anaemia compared HIV negative mothers (results not significant). Underutilization of ANC (i.e. less than 4 visits) was significantly associated with lower gestational age (<37 weeks) (OR=2.64; 95% CI=1.04; 6.74; $p<0.05$). Fifteen percent of young mothers delivered early (<37 weeks), 10% delivered babies with a low birth weight (<2500g) and 15% of the neonates suffered fetal distress.

Low birth weight, low Apgar scores as well as the incidence of maternal anaemia and pregnancy induced hypertension (PIH) were found to be related to late ANC booking. Qualitative findings highlighted the perceived barriers of ANC by pregnant adolescents. Interviews identified the following as factors that hindered access of care; financial barriers, attitudes of health care workers (HCW), system barriers and fear of HIV testing. Urgent population based strategies are required to encourage

timeous initiation of ANC among adolescents. Strengthening of health education programs on the benefits of ANC attendance among adolescents can be utilized as part of an approach to address the current public health concern.