

Pregnancy outcomes of mothers aged 17 years or less

To the Editor

Teenage pregnancy (TP) is a common problem in Yemen. Thankfully, Shuaib et al¹ addressed in their study the obstetric outcomes of TP. However, little was devoted to its neonatal outcomes.

Various studies have shown that neonatal outcomes are prevailing in TP, in terms of low birth weight (due either to prematurity or intra-uterine growth restriction), premature rupture of membrane, intra-uterine fetal death, infection, chemical dependence (due to maternal substance abuse), asphyxia neonatorum, sudden infant death syndrome, and increased morbidity and mortality during the first year of age.^{2,3} Moreover, for children of teen mothers, the adjusted likelihood of death during infancy, school-age years, and adolescence were more than 2 folds higher than for other children. Risks for hospitalization, high hospital use, academic failure, and poor social outcomes were also substantially higher.⁴ The aftermath of TP significantly contributed to the massive burden of perinatal conditions in Yemen.⁵ The deep linkage of teenage marriage in Yemen to the socio-cultural, religious, economic, and educational backgrounds makes the decision of banning it officially very difficult. Until now, no single curriculum or strategy is universally effective to prevent TP, however, what is required are comprehensive, multidisciplinary efforts tailored to the unique needs of teenagers in Yemen within the context of Yemeni community characteristics. Community and family support, adequate prenatal and postnatal care, and awareness programs on the social and health hazards of TP are anticipated to manage the foreseeable burden of TP in Yemen.

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Reply from the Author

We appreciate the interest of Prof. Al-Mendalawi on our paper.¹ First, while we agree that there is a wide-spectrum of fetal and neonatal illnesses linked to teen pregnancy, we have already stated that it was a single-center study, and thus, the presented data were what was obtained. Secondly, again we agree that teen pregnancy may have been linked to some long-term complications for children and adolescents, however, it is clear that our study was not designed to answer this question, and the follow-up had ended shortly after birth. Moreover, it is appropriate, if such area of interest is highlighted by pediatricians. Finally, early marriage between boys and girls is a deeply rooted tradition in our community in Yemen based on several complex issues. Unfortunately, while the problem had been proven damaging, it is currently hard to curb, particularly in a setting where poverty is rising steadily. However, in this situation, whenever pregnancy does occur, our target then is to offer feasible basic care services, which meet their special needs, and support the young parents.

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References

1. Shuaib AA, Frass KA, Al-Harazi AH, Ghanem NS. Pregnancy outcomes of mothers aged 17 years or less. *Saudi Med J* 2011; 32: 166-170.
2. Malamitsi-Puchner A, Boutsikou T. Adolescent pregnancy and perinatal outcome. *Pediatr Endocrinol Rev* 2006; 3 (Suppl 1): 170-171.
3. Nasreen SA, Haque MM, Hasan MR. Pregnancy outcome in adolescent and adult - a case comparison study. *Mymensingh Med J* 2006; 15: 15-21.
4. Jutte DP, Roos NP, Brownell MD, Briggs G, MacWilliam L, Roos LL. The ripples of adolescent motherhood: social, educational, and medical outcomes for children of teen and prior teen mothers. *Acad Pediatr* 2010; 10: 293-301.
5. Banajeh SM, Al-Rabee AM, Al-Arashi IH. Burden of perinatal conditions in Yemen: a 12-year hospital-based study. *East Mediterr Health J* 2005; 11: 680-689.