Prenatal Care: The Adolescent's Perspective

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ABSTRACT

Certified childbirth educators have the ideal preparation for prenatal education, but they likely need to enhance their approach for adolescent clients. First, young mothers in the United States are presenting with increasingly diverse backgrounds, requiring cultural awareness of childbirth educators and others who wish to effectively meet their prenatal health care and education needs. In addition, adolescents who become pregnant are an extremely vulnerable group and, therefore, require special concern. Pregnant adolescents are unique from other groups of pregnant women in all major aspects of assessment: their social environment; their personal, social, and psychological development; and their physical response. Therefore, prenatal care and childbirth education designed for the typical population are unlikely to best serve the pregnant adolescent.

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READER'S QUESTION

I have taught childbirth classes for several years at a local hospital. Now, they want me to offer childbirth preparation classes for pregnant teenagers. I am not sure that I am qualified to do that. What changes do I need to make in my regular classes for the adolescent class?

Thank you,

An LCCE educator in the Washington, DC, area

COLUMNISTS' REPLY

Certified childbirth educators have the ideal preparation for prenatal education, but they likely need to enhance their approach for adolescent clients to most effectively prepare young mothers for birth and early parenting. The increasingly diverse backgrounds of expectant women in the United States challenge prenatal educators and others who strive to provide health education and care. Professionals

need to equip themselves with awareness, knowledge, and skills to best meet the needs of these different groups. Adolescents who become pregnant are an extremely vulnerable group and, therefore, require special concern. Pregnant adolescents are different from other groups of pregnant women in all major aspects of assessment: their social environment; their personal, social, and psychological development; and their physical response. Therefore, prenatal care, including childbirth education designed for the typical population, is unlikely to best serve the needs of the pregnant adolescent.

Although the rate of pregnancy and birth among adolescents in the United States has been declining, the numbers remain significant. According to the National Center for Health Statistics, in 2004, the birth rate for females 15–19 years of age was 41.1 births per 1,000, which represents a decline of 30% from previous years, with a peak rate in

1991 of 62 births per 1,000 (Martin et al., 2006). Pregnant adolescents in our culture typically have the fewest resources, because adolescents have not had the time needed to get the education or experience required to be self-supporting or even to best identify their own outside supports.

The Social Environment and Adolescent Pregnancy

Pregnant adolescents do not mirror the social makeup of our society at large. According to the National Center for Health Statistics, in 2004, Hispanic adolescents had the highest adolescent birth rate at 82.6 live births per 1,000, twice the national average (Hamilton, Ventura, Martin, & Sutton, 2005). African American adolescents 15–19 years of age had the second highest rate of live births, at 62.7 per 1,000. They also had the highest number of pregnancies at 151 per 1,000. Although a decline from 1990, this is considerably higher than the rate of 26.8 births for white females of the same age (Hamilton et al., 2005). The data on how all of these pregnancies ended is not available; however, statistics tell us that professionals working with pregnant adolescents are addressing the needs of young women who are members of the more vulnerable populations in our society and that the higher the representation of vulnerable populations, the earlier in pregnancy the care should begin.

With the initiation of early and frequent prenatal care, research demonstrates a decrease in fetal death and other maternal complications (Vintzileos, Ananth, Smulian, Scorza, & Knuppel, 2002a, 2002b). *Healthy People 2010* (U.S. Department of Health and Human Services, 2000) offers a set of 467 specific health objectives for the United States to achieve over the first decade of the new century. The objectives are used by a vast array of health-care providers and organizations. The purpose of Objective Number 16.6 is to increase the proportion of pregnant women who receive early and adequate prenatal care. According to reports in *Healthy People 2010*, in 1998, mothers in 83% of live births received care beginning in the first trimester of pregnancy, and 74% received what was considered early and adequate prenatal care. In 1998, only 73% of African American mothers received care beginning in the first trimester of pregnancy, and 67% received what was considered early and adequate prenatal care. Only 69% of pregnant adolescents aged 15–19 years old received care beginning in the first trimester of pregnancy, and 64% received what was considered early and adequate prenatal

care. The target percentage of 90% compliance in 2010 is the same for all age groups, race, and ethnicity.

Adolescents suffer the most in not receiving early and adequate prenatal care. Between 2002 and 2004, only 65.4% of females who were under the age of 18 years old received prenatal care within the first trimester of pregnancy (Centers for Disease Control/National Center for Health Statistics, 2005). Furthermore, 58.6% of African American females under the age of 18 years received prenatal care within the first trimester, as compared to 67.5% of their White counterparts (Centers for Disease Control/National Center for Health Statistics, 2005). Prenatal educators need to recognize and be part of the response to this disparity. Pregnant adolescents and their families are all likely to have fewer resources and supports than the average expectant woman. Financial constraints, lack of health insurance, and language and cultural barriers are likely to create challenging barriers to care. Anyone focusing on the care of pregnant adolescents must study the cultural variables and become culturally competent to ensure positive outcomes for this population.

Neither adolescents nor any other population group responds well to health educators or caregivers who do not understand and appreciate their cultural environment and values. The urban community obviously needs more resources directed toward these aspects of prenatal care. Involving the community in planning and implementing programs is critical. Educators increasingly recognize ethnic churches as social networks in the community, and they work with ethnic church leaders to identify opportunities to provide effective service. The location of childbirth education is also important. Sessions or classes in a hospital may be convenient for the educator, but classes in a local church may be more convenient and reassuring to young mothers.

Physical Response in Adolescent Pregnancy

The physical impact of pregnancy on an adolescent is also different from the average population of expectant mothers. Young adolescents who have not completed their own growth are at higher risk for

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cesarean birth and metabolic challenges, including toxemia (Klein & The Committee on Adolescence, American Academy of Pediatrics, 2005). African Americans have the highest incidence of preterm labor, infants of low birth weight, and infant mortality (LaVeist, Keith, & Gutierrez, 1995). Any professional working with adolescents needs to maintain current expertise in the unique physical challenges and risks of pregnancy in the very young woman, as well as in health risks related to the interaction of youth and of life in a vulnerable minority community.

Adolescent Development and Prenatal Care

Adolescents are more influenced by outside factors such as peer pressure and social status than by their older sisters and mothers. Knowledge about the adolescent developmental stage is important in understanding adolescents' responses to prenatal education and care. Adolescents' perception about prenatal care could be based upon the influence of peers or parents, which may have an effect on their perception of its relevance, importance, or need. Prenatal educators who identify this perception may find that working with the adolescent's peers (especially other pregnant adolescents) and with parents is an effective way to build a support network for these young clients.

One way to work toward the best practices in childbirth education for adolescents is to ask them what they would like to know and to learn directly from them what their values are. Cox et al. (2005) implemented a qualitative study with focus groups of six pregnant adolescents and 10 parenting adolescents, ages 16–21 years old, of African American, Latina, and Haitian descent. The researchers collected data over a 6-month period. The teens receiving prenatal care stated they desired comprehensive health care (i.e., care for themselves and their children) in one setting. They also felt most

cared for and comfortable if they saw the same provider at each visit. Among the prenatal teens, basic reproductive information, including fetal development and prenatal medical health, was especially important.

Daniels, Noe, and Mayberry (2006) conducted a qualitative study to identify attitudinal and psychosocial determinants of early prenatal care among African American adolescents who were of low socioeconomic status, aged 16–36 years old, and were attending or had attended local clinics for prenatal care within the past 2 years. The researchers found that early initiators of prenatal care possessed “positive attitudes towards pregnancy, were knowledgeable about pregnancy signs and symptoms and thought prenatal care was important” (p. 192), while late initiators perceived clinical staff to be “insensitive” (p.192). Using the term *insensitivity* is a way to describe care that is not culturally competent.

Childbirth educators can play a primary role in promoting, advocating for, and providing care to two especially vulnerable and needy groups today: pregnant adolescents and, in turn, their infants. Certified childbirth educators who decide to focus on serving pregnant adolescents need to ensure they have assessed the culture of their adolescent population, maintained current knowledge of the unique health risks of pregnancy in adolescence, and evaluated the adolescent and her stage of development. In this way, childbirth educators can provide an extremely valuable and effective service where it is greatly needed and make a positive difference in the lives of young mothers and their babies.

Resources

Resources for childbirth educators who want to develop essential skills to enhance their service to pregnant adolescents are readily available. Lamaze International (www.lamaze.org) offers an excellent workshop on developing programs for pregnant teens, titled “Creativity, Connection, and Commitment: Supporting Teens During the Childbearing Year.” Additionally, the U.S. Department of Health and Human Services' Office of Minority Health recently released a new Web-based education program, titled “Culturally Competent Nursing Care: A Cornerstone of Caring,” to promote the highest quality of care to diverse populations. The course is designed to help caregivers integrate cultural competency awareness, knowledge, and skills to more effectively treat increasingly diverse patient populations.

For more information on Lamaze International's workshop on supporting pregnant teens and other workshops, visit Lamaze's Web site (www.lamaze.org) or call toll-free 800-368-4404.

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It is available free online (www.thinkculturalhealth.org).

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