

# Prevalence of Teenage Pregnancies and Obstetric Outcomes in Hospital Tuanku Ja'afar Seremban (HTJS), Negeri Sembilan, Malaysia: A Retrospective Study

Kavitha Nagandla<sup>1</sup>, Krishna Kumar<sup>2</sup>, Faridah Hanim Binti Zam Zam<sup>3</sup>, Lee Hong Wei<sup>4</sup>, Liow Ying Wei<sup>4</sup>, Kiong Chean<sup>4</sup>, Quistina Akmal Yunos Kamdi<sup>4</sup>

<sup>1</sup>Senior Lecturer, Department of O&G, International Medical University, Seremban, <sup>2</sup>Consultant and Head of Department O&G, Hospital Tuanku Ja'afar, Seremban, <sup>3</sup>Specialist, Department O&G, Hospital Tuanku Ja'afar, Seremban, <sup>4</sup>Semester 8 students, International Medical University, Seremban

## ABSTRACT

**Objective:** To determine the prevalence of teenage pregnancy and compare their obstetric and perinatal outcomes with non-teenage pregnancies. **Method:** Records of teenage pregnant women aged between 11-19 from National Obstetric Registry, Malaysia (NOR) of Hospital Tuanku Ja'afar Seremban over a 12-month period between May 2015 and May 2016 were selected (n=164). For each pregnant woman, socio-demographic profile, obstetric outcomes and perinatal outcomes were determined. The results were compared with a control group comprised of 169 pregnant women aged 20-30 years, who also delivered in Hospital Tuanku Ja'afar Seremban in the same period. **Results:** The prevalence of teenage pregnancy was 2.8%. The mean age of the teenage group was 17.98 whereas the control group was 26.42. The study showed that teenage mothers had a significantly higher risk of anemia (p=0.005), episiotomy (p<0.0001), preterm labour (p=0.001) and delivering low birth weight babies (p=0.001). There were no significant differences in mode of delivery, antenatal complications, birth outcomes, APGAR score at 5th minutes and neonatal complications between the two groups. **Conclusion:** Teenage pregnancy was correlated with increased risks of anemia, episiotomy, preterm labour and delivering low birth weight babies.

## KEY WORDS:

*Teenage pregnancies, prevalence, obstetric outcomes, perinatal outcomes*

# Admission of Term Babies to Paediatric Unit: An Audit of Outcomes

Azwin Hamran, Vallikannu Narayanan, Imelda Balchin

## ABSTRACT

**Objective:** To determine the rate, reason, and outcomes of term babies admission to paediatric unit. **Methods:** All babies born  $\geq 37$  weeks gestation admitted to paediatric unit between November 2015 to April 2016 at University Malaya Medical Centre were identified, and both maternal and neonatal records retrieved to assess factors that lead to admission to paediatric unit. **Results:** There were a total of 2,647 births. Of these 2,505 (94.6%) deliveries were born at term. There were 159 (6.35%) babies transferred to paediatric unit with 54 (2.15%) babies were admitted to Intensive Care (NICU and PICU). Total of 27 (17%) babies require intubation upon delivery. There were 21 (13.2%) cases who arrived in labour without prior antenatal care at UMMC with 7 (4.4%) babies were born before arrival to hospital. The primary reason for admission was respiratory cause, 83 (52.2%) followed by sepsis/presumed sepsis, 39 (24.5%), congenital abnormality, 26 (16.4%), infant of diabetic mother, 21 (13.2%), asphyxia and poor condition, 18 (11.3%) and birth trauma 7 (4.4%). Total numbers of 20, (6.94%) babies had elective caesarean section which require admission to neonatal unit. Mean gestational age for Elective Caesarean section 37.8 weeks. Total of 12 (60%) cases from Elective Caesarean Section require admission for respiratory cause. Preventable admission 5 (41.7%) from asphyxia and poor condition, 4 (33.3%) cases with delayed action upon pathological CTG. The discharged diagnoses were infant of diabetic mother, 58 (36.5%), sepsis/presumed sepsis, 39 (24.5%), respiratory causes, 19 (12.0%), neonatal jaundice, 18 (11.3%), subaponeurotic haemorrhage, 9 (5.7%) and Hypoxic Ischemic Encephalopathy, 1 (0.6%). Majority of the babies were discharged home, 157 (98.7%), 1 (0.6%) baby was transferred to IJN for further care and intervention. 1 (0.6%) case had early neonatal death for congenital abnormality. **Conclusion:** Term babies admissions can contribute significantly to workload and financial impact. It can lead to short term morbidity causing social disruption of birth experience for the parents. Majority of term admission had short duration of admission which indicate the reason of admission were self limiting and non life threatening reasons. Recommendations to improve admissions, firmer adherence following elective LSCS guidelines by planning for delivery at 39 weeks for uncomplicated pregnancy and improve intrapartum care by having more training in CTG interpretation and diligent monitoring intrapartum.