



Early Motherhood at the Hospital of Gecamines Kipushi: Prognosis and Profile of the Newborn

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Abstract

The present transversal descriptive survey aims to determine the prognosis, the frequency and seeks to describe the profile of the newborn babies from the early motherhood. It was conducted on 66 new babies from 60 mothers. Early motherhood concerned the single young ladies at 65%. They developed urogenital infections at 38.3%. Their socio-economic conditions were unfavorable at 68.3%. Concerning vital prognosis of the newborn children, from early motherhood, they noticed neonatal mortality estimated at 7.6%.

Subject Areas

Public Health

Keywords

Early Motherhood, Prognosis, Profile, Newborn

1. Introduction

If the consequences of the early pregnancy seem relatively well known, it is not the case with its factors of occurrence. Throughout the developed and developing countries, teenage pregnancy is more prevalent among disadvantaged youth during their childhood and who have a weak expectation as far as educational and job opportunities. Documentation proves that young people who are living in poverty have a teenage pregnancy rate five times higher than the average [1].

Thus social and economic factors seem to play a major role in teen pregnancy rates. The children of teen parents are more likely to encounter problems and to become also parents at teenage, thus perpetuating the cycle of poverty that began through the birth of a baby of teenage mother [2].

Due to its impact on infant morbidity and mortality, as well as its implications

on health in adulthood, low birth weight constitutes a major public health problem in the Democratic Republic of Congo. As a result of the difficult social and economic conditions, young girls contract unprotected sexual intercourse and the occurrence of the pregnancy forces them in some cases to start the life of a couple without any preparation or to have benefited from prenatal care that can prevent the risks of maternal and neonatal death.

The mining city of Kipushi, being an urban and rural city, also records cases of early marriage justified by the social and cultural environment in which the young girl prefers marriage to studies.

This work is meant to contribute to the re-education of the neonatal mortality after describing the profile of mothers who experienced early childbearing. In addition, this work aims at determining the frequency of early maternity and the foeto-maternal prognosis.

2. Material and Method

The present transversal descriptive investigation was conducted for approximately five months and two weeks, from 1st April to 15th September 2016. The investigation population consisted of 66 newborn babies from 60 mothers less than 18 years of age.

In our survey we have included:

- All the teenager mothers of less than 18 years of age and their newborn babies have been registered during the period of survey.
- All the mothers having more than child and aged of more than 18 years.

The data were gathered by the means of a scale containing the following variables: age of the mothers, marital status, socio and economic conditions, the profession of the partner, pregnancy complications, type of pregnancy, gestation age, early delivery risks, the vital prognosis of the mothers and of the newborn babies, the APGAR at the first minute, the causes of neonatal and maternal death.

The mining city of Kipushi is urban and rural and is located at about 30 kilometers from the city of Lubumbashi in southern region of D. R. Congo (on the border with Zambia).

The data collected on the pot were encoded thanks to Epi info3.5.4 software (2012) and the results obtained were presented in the tables.

After obtaining free consent and enlightened the mothers, we have classified the participants in two social and economic categories. Social and economic conditions were favorable for any person having a stable employment with a regular and reasonable pay; for this reason, leading a balanced life. On the contrary, conditions were unfavorable when the person is jobless and/or have a mediocre and irregular income not allowing him to lead a stable and balanced life.

3. Results

The proportion of early maternity cases at Gecamines Kipushi Hospital was

42.9% (Table 1).

The majority of the people investigated on were aged between 16 - 18 years, or 85%. The average age of the mother was 14.7 ± 2 years old (Table 2).

The table shows that 65% of the mothers of the newborn babies surveyed were single and 35% of the mothers were married (Table 3).

Social and economic conditions of most mothers were negative, at 68.3% (Table 4).

Most partners were sellers (25%), government officials (28%), ore diggers (16.7%) and policemen (8.3%) (Table 5).

Urogenital infections were the major complications of pregnancy (38.3%) followed by the threat of spontaneous abortion (15%) and anemia (11.7%) (Table 6).

By this table, we found that 90% of pregnancies were singleton and 10% of twin pregnancies (Table 7).

Through this table, we have noticed that a small proportion of the investigated newborn babies, 18.2%, were born at term while 81.8% were born prematurely (Table 8).

95% CI = [1.57 - 27.2], OR = 6.5, $p = 0.005$.

Women with premature rupture of membranes were 6.5 times more likely to deliver prematurely (increased risk with a statistically significant difference, $p = 0.005$) (Table 9).

Maternal mortality at Gecamines Kipushi Hospital was 6.7% (Table 10).

All the cases of maternal death were due to post-partum haemorrhages or 100% (Table 11).

At the first minute, 28.8% of newborn babies had an Apgar score of less than or equal to 6 (Table 12).

New birth mortality at Gecamines Kipushi Hospital was 7.6% (Table 13).

This table shows that 60% of dead newborn babies were premature babies and other 40% were in severe respiratory distress (Table 14).

Table 1. Frequency of early maternity.

Early maternity	Size	%
No	80	57.1
Yes	60	42.9
Total	140	100

Table 2. Distribution of the investigated persons with regard to age.

Age of mothers (in years)	Number	%
13 - 15	9	15
16 - 18	51	85
Total	60	100

Table 3. Distribution of mothers of newborn babies investigated according by their marital status.

Marital Status	Size	%
Single	39	65
Married	21	35
Total	60	100

Table 4. Case Distribution according to Social and economic conditions.

Social and economic conditions	Size	%
Favorable	19	31.7
Negative	41	68.3
Total	60	100

Table 5. Case Distribution with reference to the occupation of the partner.

Occupation	Size	%
Mineral digger (craftsmen miner)	13	16.7
Seller	15	25
Policeman	5	8.3
Government officials	17	28.3
None	13	21.7
Total	60	100

Table 6. Distribution of cases according to pregnancy complications.

pregnancy complications	Size	%
Anemic women	7	11.7
Spontaneous abortion threat	9	15
Urogenital infections	23	38.3
None	21	35
Total	60	100

Table 7. Distribution of newborn babies investigated with reference to type of pregnancy.

Type of pregnancy	Size	%
Singleton	54	90
Twin	6	10
Total	60	100

Table 8. Distribution of the newborn babies investigated by gestational age at birth.

Gestational age (S. A)	Size	%
28 - 32	5	7.6
33 - 36	49	74.2
37 - 42	12	18.2
Total	66	100

Table 9. Distribution of newborn babies according to the risk of premature delivery after rupture of membranes.

Delivery term membrane condition	Premature delivery	Full term delivery	Total
Premature rupture of the membranes	9 (75%)	17 (35.5%)	26 (39.4%)
None	3 (25%)	37 (68.5%)	40 (60.6%)
Total	12 (18.2%)	54 (81.8%)	66 (100%)

Table 10. Distribution of deliveries with reference to prognosis after delivery.

Life expectancy of mothers	Size	%
Living	56	93.3
Death	4	6.7
Total	60	100

Table 11. Distribution of mothers with regard to the causes of death.

Causes of mothers' death	Number	%
Haemorrhages of post-partum	4	100
Total	4	100

Table 12. Distribution of newborn babies according to APGAR at first minute.

APGAR (1 st minute)	Size	%
≤6	19	28.8
≥7	47	71.2
Total	66	100

Table 13. Distribution of newborn babies according to life prediction.

Life prognosis	Size	%
Living	61	92.4
Dead	5	7.6
Total	66	100

Table 14. Distribution of newborn babies with regard to neonatal death causes.

Neonatal death causes	Number	%
Prematurity	3	60
Severe respiratory distress	2	40
Total	5	100

4. Discussion

Early motherhood poses several obstetrical problems and caring for a child when

one is still a child is not easy [3]. For WHO [4], complications of pregnancy and childbirth are the second leading cause of death among girls aged 15 - 19 in the world. Early pregnancy increases the risk for both the mother and the child.

Low- and middle-income countries have high birth rates [4]. In sub-Saharan Africa, more than half of women give birth before the age of 20 [5]. In Senegal, the fertility of adolescent girls is due to the many pressures exerted in the context of the institution of marriage addressed to certain cultural and/or religious rules [6].

In Congo, the rate of early marriage is 40% - 50% with 8% - 15% of girls having had a child at the age of 15 years [5].

In DR Congo, these adolescent girls, who make up 25% of all women of childbearing age, account for nearly 14% of women's total fertility [7].

In our study in Kipushi, early maternity had a frequency of 42.9%. This proportion is higher than that of DR Congo [7] and the world in general [4]. However, it is close to that of Congo-Brazzaville [5]. Among these teenagers in early pregnancy, 65% were single and 35% were married. Previous studies have shown the influence of culture, religion [3] [6] and environment [4] [8]. Thus, these pregnancies in adolescence constitute a violent collusion of the virtual adolescent and generational [9]. At this point, the denial of pregnancy becomes a reality [5].

In addition, adverse social and economic conditions (at 68.3%) justified teenage pregnancies in this study. Although some teenage girls are married (35%), their husbands have only low-income, monthly occupations (16.7% craftsmen miners, 25% salespeople, 8.3% policemen, and Government officials at 28.3%). Miaflo has also blamed poor social and economic conditions and hard work for early childbearing in sub-Saharan Africa [10].

Early pregnancy increases the risk for both mother and child [4]. Our results showed that 6.7% of the mothers had died. These mothers experienced threats of spontaneous abortion (15%), urogenital infections (38.3%) and anemia (11.7%). Iloki *et al.* also mentioned infections and anemia [11]. WHO has classified high-risk pregnancies as those under 16 years of age, for whom medical monitoring is a prerequisite for reducing the risk of maternal and neonatal mortality [9].

The fetal prognosis is fatal at 7.6% of cases. 28.8% of children were born with an Apgar score of less than 6. They came from twin pregnancies (10%) and were born prematurely for more than 81.8%. These premature births (75%) were influenced by premature rupture of the membranes (OR = 6.5, p = 0.005).

Previous studies have confirmed our results. Adolescent girls had high perinatal risks, including prematurity [3] [12], with a high mortality rate [4] [11].

We retain that teenage pregnancy remains at high risk [3] [13] [14]. The management of pregnancy and education for the safety of the health and development of her child remain aspects to be deepened in our environment.

5. Conclusions

In urban and rural areas, early maternity was 42.9%. Young girls who experienced early childbearing were mostly single (65%), with poor social and economic conditions and with 38.3% urogenital infections, anemia and spontaneous abortion with premature rupture of the membranes, the obstetric outcome was unfavorable at 18.2%. Neonatal mortality was estimated at 7.6%.

Mass awareness campaigns should be organized for young girls on the importance of schooling and on the disadvantages of early childbearing.

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