

Health care for millions of pregnant teenage girls is being neglected, reports study

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The health care needs of pregnant adolescents will continue to be ignored in low-and middle-income countries (LMIC) unless there are major changes to health care delivery and frameworks, according to a

new study by UCL and Murdoch Children's Research Institute (MCRI) researchers.

The study, [published](#) in *The Lancet* and launched at the Scientific Meeting of the International Federation of Obstetricians and Gynecologists in Paris, found that public health policies for adolescents in LMICs focused on pregnancy prevention and did not target crucial areas like childbirth, postnatal care, abortion, [mental health](#), violence or substance misuse.

Co-author Professor Audrey Prost (UCL Institute for Global Health), Co-Director of the Center for the Health of Women, Children and Adolescents at UCL, said, "Pregnant adolescents can and must be included in the global movement for respectful maternity care.

"Encouragingly, some studies in this review also found that offering pregnant adolescents a space to share challenges, be heard and exercise agency can make a real difference to the quality of their experience."

Lead author Dr. Farnaz Sabet of MCRI said that while 21 million girls aged 15–19 years become pregnant annually in LMICs (where 97% of global adolescent births occur), there was almost no high quality services or support for them.

She said, "Pregnancy and motherhood are new and daunting experiences for anyone, let alone for adolescents, yet we see this group missing from [global health research](#)—the focus needs to extend beyond reducing [teenage pregnancy](#) to providing quality, stigma-free support for those who do become pregnant.

"We also know that babies born to adolescent mothers in LMICs have a higher chance of being born early, underweight and dying young, while their mothers face humiliation, physical abuse and greater disease risk."

Researchers across adolescent and [maternal health](#) analyzed 20 years of data, focusing on LMICS—where health interventions for pregnant adolescents were found in just 29 of some 140 nations. Some of these LMICs included Mexico, Brazil, Indonesia, China, Nepal, India, Pakistan, Bangladesh, Ghana, Uganda, Tanzania, Nigeria, Burkina Faso and South Africa.

Dr. Sabet said, "While we identified useful interventions for pregnant adolescents, including [nutritional supplements](#), complex and structural and cultural issues remain—and these do impact the level of care these young people receive."

She said that without specific and improved research, informing policy frameworks across these nations (and more broadly), higher risks to both babies and their young parents remained.

Co-author and MCRI's Director of the Center of Adolescent Health Professor Susan Sawyer said, "In much existing research, adolescents aged 15–19 years old have been labeled as 'women of reproductive age' and assumed to have the same outcomes as [pregnant women](#) in older age groups—which our study found was not the case."

Professor Sawyer also noted that most studies on pregnancy and maternal outcomes excluded 10–14 year old pregnant girls, who remain the most vulnerable group in this area.

She added, "We cannot allow pregnant girls to continue to be so clearly forgotten—we need [global leaders](#) to enact deliberate change, especially those from the fields of obstetrics, gynecology and adolescent health."

More information: Farnaz Sabet et al, The forgotten girls: the state of evidence for health interventions for pregnant adolescents and their newborns in low-income and middle-income countries, *The Lancet*

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