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Epidemiological And Obstetrical Profile of Adolescents Recently Given Birth In North Est Haut Katanga / DR Congo

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Abstract: *A teen pregnancy woman in infancy often has a very high morbidity before, during and after childbirth. The objective of this study was determine epidemiological and obstetrical profile of childbirth in adolescents. A descriptive cross-sectional study in health areas Kilwa ,Kasenga and Kashobwe all pregnant adolescents, aged 10 to 19 years old came to birth. The analyzes were performed using SPSS 20.0 software. The frequency of childbirth in adolescents was 14%; (69.28%) had age over 15 years with an average age of 16; in (68.98%) parturients were illiterate and more than half, they were in single (68%); more third of women in labor is (76.20%) were nulliparous and 65% of women in labor were in their first pregnancy. More than half of women in labor or 57.53% had ANC and (73.49%) cases, women in labor had not realized ultrasound; mean gestational age at birth was 38 ± 2 SA with as extreme 25 and 43 SA; the clinical assessment is 34 parturients (10.24%) had a contracted pelvis and a limited poolin (22.59%) of cases. In 26.81% of cases, delivery was made by cesarean section. There are still large delivery teenage frequency in our environment and the risk of severe morbidity, it should draw our attention to good care.*

Keywords*: Epidemiological Profile, teenage pregnancy, southern Haut Katanga / Ground*.

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I. Introduction

The World Health Organization puts teens between the ages of 10 and 19 years. [1] The entry into a sexual life sometimes results in adolescents with an unwanted pregnancy, except in cases where the pregnancy is a personal [2] project, and observed nearly 16 million girls aged from 15 to 19 years and some 1 million girls aged under 15 to the children of the world each year, mostly in low- and middle-income. Complications of pregnancy and childbirth are the second cause of death among girls aged 15 to 19 worldwide. However, significant decreases in deaths were observed in all regions since 2000, particularly in Southeast Asia,.In DRC, the prognosis of gravido - puerperium associated with teenage pregnancy is poorly documented, the few available studies focus on urban and more interested in measuring the level of sexual activity [4,5] and maternal and perinatal prognosis [6].Other studies are oriented towards the analysis of sexual behavior among school adolescents, attitudes and opinions on sexually transmitted infections and AIDS. [7] Given the magnitude of this problem has been addressed in developing countries in the form of case study and in our country more in the urban areas, we have not encountered literature addressing the particular aspects related to pregnancy and parturition teenager in rural areas. The objective of this study was to determine the epidemiological profile and Clinique childbirth among adolescents inNorth – estHaut Katanga / DR Congo.

II. Subjects and methods

Sites and study population

A cross-sectional descriptive study was conducted in North – estHaut Katanga in the Democratic Republic of Congo (DRC) in three health zones of KilwaKasenga and Kashobwe. The study was conducted of the month February the month of August 2017 was 7 months, in Haut-Katanga, DRC. We collected 332

parturients made pregnant teenage Kilwa health zones, and KasengaKashobwe all pregnant adolescents, aged 10 to 19 years old came to birth in maternity-called HGR living respectively in these health areas.

Data Collection
Regarding our study, information on pregnancies were drawn on the partograph, plugs consultations in addition we used the birth register associated with the structured interview.

Parameters variable studies

In our study we more based on epidemiological and clinical parameters to achieve its realization. For clinical elements, the intake mode in the delivery room, the term of pregnancy calculated from the last menstrual declared by the woman in labor, grouped in preterm (<38 weeks) to term (38-42 SA), post-term pregnancy (42 SA). Height Uterine that was either superior to 34cm or 34cm or less. Fetal presentation longitudinal (cephalic or breech), or transverse or imprecise presentation. The working phase lag phase <4cm expansion and active phase between 4 and 10 cm dilation. The working time is ≤12heures and> 12 hours. The basin State is normal limits and narrowed. For narrowed and limits the promonto retro pubic (PRP) was calculated to be 10.5 to 9.5 cm for the boundary and <9.5 cm narrowed or surgical. The route of delivery or extraction laparotomy (caesarean section) or by natural vaginal tract.

Ethical approval
Consent was obtained from women in labor after being informed about the progress of the study. The study was approved by the Medical Ethics Committee of the University of Lubumbashi.

III. Statistique analysais

The encoding of the data was done using Epi Info 7.2 software and these were analyzed using SPSS 23.0 software.

IV. Results

Frequency
In our study, 332 birth (14%) were females. They came, 138 parturient (41.57%) of the HGR Kashobwe; 100 and 94 respectively were from HGR Kilwa and Kasenga HGR (30.12% and 28.31%).

Demographics, epidemiological and clinical obstetric

More than half of women in labor in our study (69.28%) were age more than 15 years. With an average of 16 ± 1 years with extreme as 13 and 19. In relation to the level of education and marital status, about 7 parturient of 10 (68.98%) were illiterate; likewise, nearly Parturient 7 of 10 (68, 67%) were single. Regarding obstetric identity, more third of women in labor is (76.20%) were nulliparous; However, nearly a quarter of them (23.80%) had experienced maternity or more;65% of women in labor were in their first pregnancy, while 34.64% had been pregnant or more. The teenage mothers coming for childbirth were to be 332 (14.00%) of the total number in our midst. Their origin in different health areas parturients 138 (41.57%) were from HGR Kashobwe; 100 and 94 respectively were from HGR Kilwa and Kasenga HGR either (30.12% and 28.31%).Parturients followed them to CPN (57.53%) in (73.49%) they had not performed an ultrasound. Most women in labor (77.27%) had come in consultation themselves. A significant number of these women in labor had a premature delivery or (26.1%) cases. The mean gestational age at delivery was 38 ± 2 SA with 25 and 43 as extreme SA. Objectively, birth 243 (73,20%) had at admission fundal height less than or equal to 34 cm; a presentation cephalic home 280 parturient (84.34%). In connection with the phase and the delivery work time, 227 women in labor or 68.28% had come in second stage of labor with a length of the upper work In 12 hours (72.22%). The average working time being 15 ± 6 hours and the boundaries being 1 and 48.Amniotic fluid was clear at birth 251 (75.6%), clinical assessment 34 parturients (10.24%) had a contracted pelvis while 75 of them had a limited pool (22.59%). The delivery route was low in (73.19%) against (26.81%) for the high channel.

V. Discussion

In 14% we had the birth of adolescents in our midst while elsewhere there is a low frequency [7, 8, 9,10]. WHO reports that teenage motherhood is more common in developing countries where the proportion of women mothers before the age of 18 often reaches 11%. (69.28%) parturients were age over 15 years with a mean age of 16± 1ans. This age is described by many authors as the pivotal age for physical maturity, and by extension, the development of the basin. of thecommentsparticular were made by different authors in this age as Voltzenlogel 2014[12]which reported that it is now 15 years that a lot of interrupted pregnancies. For Alouini 2015[7] they are premature and dystocia deliveries. In connection with the instruction (68.98%) were illiterate

in our study reported Fatoumata almost the same proportion of-school adolescents unlike the Hamada[13]. (68, 67%) were single. This approximates the frequency found by Angers quoted by Dedecker but is far different in the study of the island of Reunion and Guiana[14]. Compared to obstetric identity, in our series more third of women in labor (76.20%) were nulliparous. The majority of investigations made on this subject showed that the prevalence of first pregnancies is still dominant (89, 75%) in Morocco in 2006[15] (98%) The island of Reunion in 2005 70%: Central African Republic in 2002[16]; (84%) in Senegal in 2001[17]; and Fez in Morocco in 2007; 95.51% were nulliparous. This state of affairs is due to the Duchy of theory which states that adolescence is increasingly the age of first love and first sex [18]. In ourseries nearly half of women in labor (42.47%) did not follow the EIC. The vicious presentation represents 5.5% according Kakudji(16)According to Hamada et al, seat of the presentation is found in 3.2%(17)Teenage which is within the range described in the literature: 1.9 to 10%. Amniotic fluid was stained in 81 birth (24.4%) Which is greater than several authors who are around 15 - 17%. We did not have literature speaking about it but we feel that the stained fluid would be an important element to consider fetal distress, chorioamnionitis or in some foetopathy likely to indicate a high way.

Conflict of interest

No

Thanks

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Author Contributions

MKP KSZ and designed the study. KMC, II, TH and MNA analyzed data and all authors have discussed the results. They all wore their comments and approved the final version of the article.

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Table I: socio-demographic and obstetric parameters

variables	Employees (n = 332)	Percentage
AGE (years)		
≤15	102	30.72
> 15	230	69.28
Level of education		
Illiterate	108	32.53
Primary	121	36.45

Secondary	99	29.82
Superior	4	1.20
Marital status		
Single	228	68.67
Divorcee	2	0.60
Married	102	30.72
Parity		
Nulliparous	253	76.20
Primipara	51	15.36
few previous deliveries	27	8.14
Multiparous	1	0.30
Gesture		
Gravida	217	65.36
Paucigeste	102	30.73
Multigravida	13	3.91

Table II: Distribution of women in labor as parturition

Variables	**Employees (n = 332)**	**Percentage**
presumed age of the pregnancy (SA)	**n = 295**	
Prematurity	77	26.1
Term	209	70.85
post term	9	3.05
Uterine height (cm)		
≤34	243	73.20
> 34	89	26.80
Presentation		
Cephalic	280	84.34
Unclear	12	3.61
Breech	28	8.43
Transverse	12	3.61
Work Phase		
Latency	105	31.72
active	227	68.28
Amniotic liquid		
Clear	251	75,60
not clear	81	24.40
delivery route	**n = 332**	
Low	243	73,19
High	89	26.81
Working time (hours)	**n = 306**	
≤12	85	27.78
> 12	221	72.22

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