

Teen Pregnancy and Premature Mortality: Prevention Policies are Needed



Deaths among adolescent and young women are more common than previously thought, with unintentional injury, suicide, and homicide being the leading causes among females aged 1 to 19 years in the US. Among those aged 20 to 44 years, unintentional injury, cancer, and suicide are the leading causes. While direct deaths during teen pregnancy and childbirth are rare, teen pregnancy may indicate adverse life experiences during formative years. Adverse childhood experiences (ACEs) like abuse, parental separation, and income decline are associated with teen pregnancy, substance use, suicide, and premature mortality. Studies on teen pregnancies have been limited by small sample sizes and incomplete data. A recent study published in [JAMA Network](#) examined premature mortality rates from age 12 onward in relation to the number and nature of teen pregnancies, including age at pregnancy and cause of death.

Teen Pregnancy and Premature Mortality Risk

This population-based cohort study included all females residing in Ontario, Canada, who were alive at 12 years of age between April 1, 1991, and March 31, 2021, and were covered by the universal Ontario Health Insurance Plan (OHIP). Data were deidentified and authorized for use under Ontario's Personal Health Information Protection Act, exempting it from research ethics board review or informed consent. The study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline. Data from various sources, including hospitalizations, emergency visits, census data, births, deaths, and induced abortions, were linked using unique encoded identifiers and analysed at ICES, an independent organization housing comprehensive health and sociodemographic data for Ontario residents.

Insights from a Population-Based Cohort Study in Ontario, Canada

This population-based cohort study examined the risk of premature death among 2.2 million females in Ontario, Canada, within a universal healthcare system. Results showed that those with one teen pregnancy had a 1.5 times higher risk of premature death by approximately age 31, while those with at least two teen pregnancies had a 2.1 times higher risk. The risk was particularly elevated if the teen pregnancy ended in miscarriage or birth, especially for deaths due to injury. Teen pregnancies before age 16 had the highest associated risk of premature death.

Strengths and Limitations of a Universal Healthcare-Based Study

Strengths of the study include its completion within a universal healthcare system capturing all teen pregnancies and related outcomes. Prior studies were often based on survey data prone to bias and lacked sufficient follow-up into adulthood. However, limitations include the inability to identify gender and explore race or ethnicity due to data constraints. The study didn't evaluate certain factors like interpersonal violence or psychiatric illness, which may influence outcomes.

Suggestions for prevention strategies and healthcare policies

The findings suggest that teen pregnancy may serve as a marker for subsequent risk of premature mortality, highlighting the importance of early intervention and support. Strategies for prevention may include stable family environments, peer and school support, access to contraception, and empowering females to make informed choices.

Further research is needed to determine the effectiveness of including teenage pregnancy in prevention efforts for premature mortality among young women.

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