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REVIEW ARTICLE

Does the way maternity care is provided affect maternal and neonatal outcomes for young women? A review of the research literature

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Abstract

Background: Young pregnant women who continue a pregnancy are primarily from a socioeconomically deprived background. The risk factors associated with low socio-economic status may independently affect perinatal and neonatal morbidity to a greater extent than the young age of the woman. Young pregnant women are frequently sceptical about health care providers who they can perceive to be judgemental. This may lead to late booking for pregnancy care, attending few appointments, or not attending the health service for any antenatal care.
Question: Does the way maternity care is provided affect maternal and neonatal outcomes for young women?
Method: A systematic search of the major health databases.
Results: Nine research articles met the eligibility criteria: one randomised controlled trial, three prospective cohort studies, two comparative studies with concurrent controls, two comparative studies with historical controls, and one case series.
Discussion: Providing young women with a non-standard model of maternity care has some beneficial and no known detrimental effects on childbirth outcomes. While there is a dearth of evidence on the effectiveness of a Midwifery Group Practice model of care for young women, there is strong evidence to suggest that a Group Antenatal Care model increases antenatal visit attendance and breastfeeding initiation, and decreases the risk of preterm birth. There is research to indicate that a Young Women's Clinic model may also increase antenatal visit attendance and decrease the incidence of preterm birth.

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Conclusion: More well-designed and resourced midwifery models of care for young women should be implemented and rigorously researched.
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Introduction

There is growing evidence that the way in which maternity care is provided affects outcomes for the woman and her baby. There is a dearth of published research into the effects of maternity care on pregnant adolescents, who are generally considered at higher risk of adverse outcomes including: anaemia, antepartum haemorrhage, pregnancy-induced hypertension, preterm birth, low birth weight and small for gestational age babies, lower five minute Apgar scores, longer and more frequent admission to the neonatal intensive care unit, and higher rates of neonatal death.[1–5] In Western countries (e.g. Australia, United Kingdom, United States) these outcomes are generally reported to be worse for young women aged 16 years and under[1,2]; however a recent Australian study reported higher rates of stillbirth in older pregnant adolescents (17—18 years) compared to those aged 16 years and under.[5] For the purposes of this paper, ''adolescent pregnancy'' is defined as a conception occurring in women aged 21 years or younger; these women will be referred to as ''pregnant adolescents'' or ''young women''.[5]

The dominant view is that the young age of the woman, in itself, is the cause of poor pregnancy outcomes[1–3]; however higher rates of adolescent conception and lower rates of termination occur in areas of socioeconomic deprivation.[4,6] Therefore, young women requiring maternity care are more likely to come from a disadvantaged background, and have associated risk factors that may independently affect maternal and perinatal morbidity and mortality. These include low educational attainment, poor nutrition, extremes of body weight, stress, anxiety and depression, lack of social support, unstable housing, poor or non-existent relationship with parents, use of cigarettes and illicit drugs, and single marital status.[1,4,6–8]

The poorer general health status of pregnant adolescents is confounded by inadequate antenatal care as they tend to book at a later gestation, attend fewer appointments, or receive no antenatal care at all.[1,9] Women who have no, or inadequate, antenatal care (<5 consultations with a maternity professional) are more likely to have low birth weight infants, and experience higher rates of fetal and neonatal death, even after controlling for known confounders.[9]

Reconceptualising antenatal care provision is consistent with primary health care approaches to improving outcomes for pregnant adolescents.[10] Models of care designed to be more relevant to young women enhance access to more comprehensive health and social services.[11] Engaging with pregnant adolescents provides an opportunity for health providers to use health promotion strategies and targeted interventions to address modifiable risk factors including anaemia, urine and sexually transmitted infections, domestic violence, smoking, drug and alcohol use, poor nutrition, stress, unstable housing, and inadequate social support.[1,6–8,11,12]

In the Australian context 70% of women access publically funded, hospital-based maternity care, 30% access private obstetric care.[13] Most women (55%) access antenatal care in public hospitals by midwives, in consultation with trainee obstetricians (registrars) and obstetric consultants, while a smaller number of women (15%) access a community-based general practitioner for antenatal care.[13] Most births take place in hospital birth suites (97%), 2% occur in birth centres and less than 1% are planned homebirths.[14] Most births are attended by clinicians unknown to the woman.

This literature review originally sought to address the question, 'Do midwifery models of care affect outcomes for teenage women and their babies?' As the initial search generated limited results, the search question was modified thus: 'Does the way maternity care is provided affect maternal and neonatal outcomes for young women?' To this end studies were included if participants had a mean age of 21 years or less. Studies were included when the intervention was a non-standard model of maternity care. The term ''model of care'' refers to a distinct approach to maternity service delivery. In standard care, rostered hospital staff (e.g. obstetric nurses, midwives or obstetricians) provide

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