

The Enigma of Rapid Repeat Pregnancy: A Qualitative Study of Teen Mothers



K.N. Conroy MD, MS¹, T.G. Engelhart MHS^{1,*}, Y. Martins PhD², N.L. Huntington PhD¹, A.F. Snyder BA³, K.D. Coletti MD⁴, J.E. Cox MD¹

¹ Division of General Pediatrics, Boston Children's Hospital, Boston, Massachusetts

² Dana Farber Cancer Institute, Boston, Massachusetts

³ Department of Applied Physiology and Kinesiology, University of Florida, Gainesville, Florida

⁴ Department of Pediatrics, Johns Hopkins University Hospital, Baltimore, Maryland

ABSTRACT

Study Objective: Rapid repeat pregnancy accounts for 18% of teen pregnancies and leads to adverse health, economic, and developmental outcomes for teen mothers and their children. Few interventions have been successful in reducing rapid repeat pregnancy. In this qualitative study we examined adolescent mothers' perceptions of their decision-making and behaviors that helped prevent or promote a rapid repeat pregnancy.

Design, Setting, Participants, Interventions, and Main Outcome Measures: Semistructured interviews were conducted with 31 adolescent mothers, aged 16–21 years; 15 of these subjects experienced a repeat pregnancy within a year of their first child's birth and 16 had not. Two researchers used a grounded, inductive technique to identify emergent themes; interviews were subsequently coded accordingly. Counts were tabulated of the number of times themes were endorsed among those with or without a repeat pregnancy.

Results: Four overarching themes emerged from the interviews: intentionality regarding pregnancy planning, patients' degree of independence in making contraceptive choices, sense of control over life experience, and barriers to follow-through on contraceptive planning. Teens who had not experienced a rapid repeat pregnancy more often endorsed themes of intentionality in preventing or promoting a pregnancy, independence in decision-making, and feelings of control over their experience. Ambivalence and lack of decision-making about seeking another pregnancy were frequently endorsed by mothers who had experienced a second pregnancy.

Conclusion: Decision-making regarding seeking or preventing a rapid repeat pregnancy is complex for teen mothers; techniques to help support decision-making or to delay pregnancy until decision-repeat making is complete might be important in reducing rapid pregnancy.

Key Words: Pregnancy in adolescence, Sexual behavior, Unplanned pregnancy, Rapid repeat pregnancy

Introduction

Despite a progressive decline in teen pregnancy rates since 1991, the United States has the highest rate of teenage pregnancies and births among industrialized nations.^{1,2} Repeat teen births, although decreased in number over the past 2 decades,^{3,4} continue to account for 18.3% of total births to teen mothers.³ A disproportionate number of these repeat births are experienced by low-income nonwhite teenagers.^{5,6}

Teen childbearing is associated with adverse health, educational, economic, and developmental outcomes for mother and child.⁷ Each additional child is thought to compound these negative implications.^{8,9} Having multiple children might reduce educational achievement for the mother and children and decrease the mothers' economic self-sufficiency.^{9–11} Adolescents who experience a repeat birth within 2 years of the index child are more likely to exhibit parenting stress and neglectful behavior¹²; children

of repeat pregnancies face increased risk of prematurity and behavior problems.⁹

There is no shortage of research on risk factors for and strategies to prevent repeat teen pregnancy. Inconsistent contraceptive use and high-risk sexual activity are known predictors of repeat pregnancy,^{6,12–15} whereas long-acting reversible contraception (LARC) has demonstrated efficacy in preventing repeat pregnancies.^{10,13–17} However, uptake of LARC among teen mothers is limited, and, despite extensive clinic and community-based research,^{12,18–22} gaps remain in understanding how adolescents approach contraceptive and pregnancy decision-making in the postpartum period. With no recent qualitative data on rapid repeat pregnancy (RRP), we returned to the experience and voices of adolescent mothers to identify untapped strategies for reducing repeat teen pregnancy. We designed a qualitative study on adolescent mothers' perceptions of their own intentions and behaviors that might have helped prevent or facilitate a repeat pregnancy in the year after the birth of their first child.

Materials and Methods

This was a retrospective qualitative study in which teen mothers completed semistructured interviews about their

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* Address correspondence to: T.G. Engelhart, MHS, Division of General Pediatrics, Boston Children's Hospital, 300 Longwood Ave, Hunnewell Ground, Boston, MA 02115; Phone: (617) 355-0570

E-mail address: talia.engelhart@childrens.harvard.edu (T.G. Engelhart).

social, sexual, behavioral, and environmental experiences and decision-making in the year after the birth of their first child. The study setting was an urban, hospital-based teen-tot clinic, which provides primary care and access to free Title X-funded contraceptives.

Study participants were identified from an existing database of 152 teen mothers who were patients in the teen-tot clinic and participants in a previous randomized controlled trial. All mothers in the database whose first child was born between 2006 and 2010, who had experienced an RRP (defined as becoming pregnant within 1 year of the birth of the index child, regardless of the outcome of that pregnancy), and who continued to live in the community were recruited. Potential comparison subjects—who had not experienced RRP—were identified from the same database, and were matched to those in the RRP group according to race and age at time of birth of index child (Fig. 1). Informed consent was obtained; the hospital institutional review board approved all study procedures. Each participant was paid \$40. For each participant, time between the birth of the index child and the interview varied from 12 to 48 months; median interval time in the RRP and non-RRP (NRRP) groups was 28 and 22 months, respectively.

Development of Interviews

On the basis of a review of the literature and previous clinical observations, 9 topics were identified for exploration (see Interview Topics). A preliminary interview guide with open-ended questions and follow-up prompts was developed by a 9-person team comprised of experts in survey methodology and adolescent clinical care and research. We conducted pilot interviews with 3 RRP mothers and 2 NRRP mothers and questions were revised on the basis of feedback. On all questions, participants were directed to focus on the 12-month period after the birth of the index child.

Interview Topics

1. General demographic information;
2. Experience receiving health care in teen-tot clinic;

3. Planning for next pregnancy;
4. Effect of another pregnancy;
5. Partner influence on pregnancy decision;
6. Social influence on pregnancy decision-making;
7. Contraception;
8. You and your family;
9. Mental health and risk behaviors.

Interview Procedure

Two trained interviewers who had no clinical contact with potential participants (T.G.E., A.F.S.) each conducted half of the interviews for the RRP and NRRP groups. All interviews were conducted in a private space, taped, and transcribed. Interviews lasted 40–75 minutes.

Statistical Analyses

We used a 3-Step approach to synthesize data: (1) develop a coding scheme; (2) code the data; and (3) examine similarities and differences in emergent themes between mothers in the RRP and NRRP group.

The coding scheme was developed by 2 independent coders using a grounded, inductive coding technique (Y.M., K.V.P.).^{23,24} Data were not precoded. Instead, unique categories within each response were identified until no unique categories or themes appeared. Each coder independently developed a coding scheme; fewer than 5% of the categories or themes identified by the coders differed. The coders met to discuss the discrepant categories until 100% agreement was reached. As the list of categories increased, abstract themes emerged of which 4 became the focus of this analysis. For the second step, using the final coding scheme, 2 independent people, who had not been involved in creating the coding scheme, coded the interviews (L.B.G., K.D.C.). A third reviewer resolved any coding discrepancies (K.N.C.). Simple counts were used to compare how often these emergent themes were endorsed in the 2 groups.

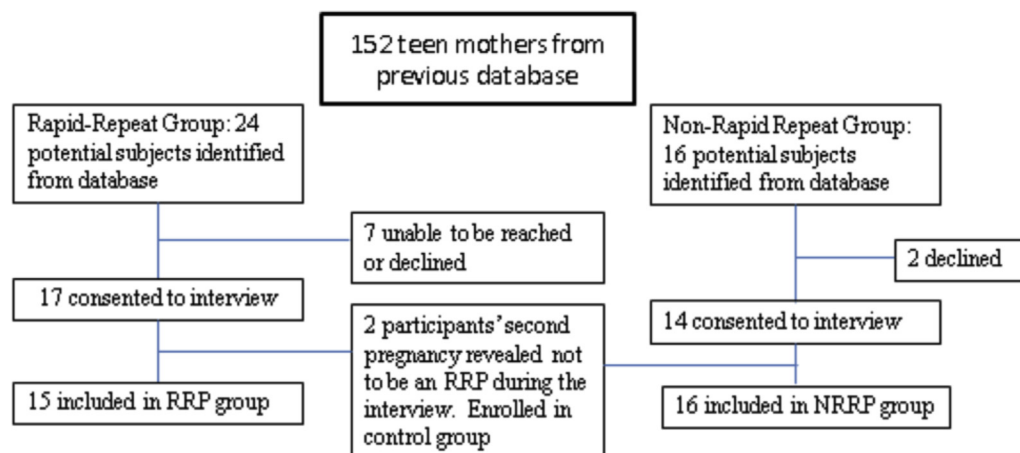


Fig. 1. Study enrollment. NRRP, nonrapid repeat pregnancy; RRP, rapid repeat pregnancy.

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