

# Delaying First Pregnancy

# 3

## INTRODUCTION

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The age at which a woman has her first pregnancy affects the health and life of a mother and her baby. While pregnancy can present health risks at any age, delaying the first pregnancy until a woman is at least 18 years old improves the chances that the mother and her baby will be healthy.

This is important information for young women, their families, and their partners. Counselors can encourage sexually active young women, married or unmarried, to use a contraceptive method to prevent an unplanned pregnancy until they are physically and emotionally ready for childbearing. Counselors should tell young women about their contraceptive options and how to obtain contraceptive methods. They should also talk about STIs/HIV and how to avoid them. This information will help young women and men make good decisions for their health and the health of their future children.

Counselors must welcome single women of all ages who want to use contraceptive services and should not judge them. Regardless of age and marital status, everyone who wants contraceptive information and services should receive them. Withholding services could lead to an unplanned pregnancy, abortion, and even a death that could have been avoided.

*(Continued on page 24)*



- 1** Delaying a first pregnancy until a woman is at least 18 years old is healthiest for both the mother and baby.
- 2** Because pregnancy poses higher risks of complications for women under age 18, these women need health care during pregnancy. They also need a skilled attendant to oversee childbirth and to care for the mother and child after delivery.
- 3** Contraceptive methods — other than sterilization — do not permanently affect a woman's ability to have children. These methods can be used to delay the first pregnancy. When a woman is ready to have a child, she can simply stop using the method.
- 4** Emergency contraceptive pills can prevent pregnancy when taken within 5 days after unprotected sex — that is, when no method was used, a method was used incorrectly, or a method failed.
- 5** Women's families, including husbands and in-laws, need to be aware that pregnancy and childbirth are often risky for both young mothers and their children. They need to support these young women in postponing pregnancy until they are at least age 18 and their bodies are ready.

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## CHAPTER 3: DELAYING FIRST PREGNANCY

Young women and men need to understand the social consequences and health risks of teenage pregnancy. Teenage mothers are more likely to be poorer, less educated, have fewer income-producing opportunities, and be more socially isolated than those who delay marriage and pregnancy. To help avoid these outcomes, sexually active young women should be encouraged to use contraception, avoid unplanned pregnancy and early marriage, and stay in school.

Families and other parts of society need to protect girls from unwanted sexual advances that could lead to sexual activity and an early, unwanted pregnancy. Political, religious, and other community leaders can discourage such practices. They can also work with men to help them understand the emotional and physical harm that sexual violence and early pregnancy can cause to young women.

Withholding family planning services could lead to unplanned pregnancy, abortion, and even death that could have been avoided.

## SUPPORTING INFORMATION

### FACT 1.

**Delaying a first pregnancy until a woman is at least 18 years old is healthiest for both the mother and baby.**

Couples who are sexually active can use a contraceptive method to prevent a pregnancy before the woman reaches the age of 18. Delaying pregnancy until the woman is at least 18 years of age will allow a woman's body to fully mature. Otherwise, she faces a greater risk of complications that can be serious and even fatal.

Complications of pregnancy and childbirth remain a major cause of death in many countries. The youngest mothers face the highest risk. Maternal death rates for young women, ages 15 to 18, are twice as high as for women ages 20 to 24, and girls under age 15 are 5 times more likely to die during childbirth than women ages 20 to 24.

Women under age 18 are more likely to have high blood pressure during pregnancy, which may lead to life-threatening seizures. They are more likely to face other dangers as well, such as severe anemia (low blood iron), bleeding, and infection. Also, because a girl's pelvis has not yet grown large enough for the baby to pass through the birth canal, she often faces prolonged obstructed labor. The pressure resulting from labor that lasts for more than 12 hours can cause the mother a fistula (see box on page 26 for explanation). All these complications may be fatal or cause long-term health problems.

Babies born to women younger than 18 years old are more likely to be born before reaching full term, have low birth weight, and have problems during birth that could be fatal. When they do survive, these children may have life-long health problems.

If the couple delays pregnancy until the woman is at least age 18, these complications are much less likely to occur. She will have a much better chance to survive pregnancy and childbirth. Also, her baby will be more likely to survive and to be healthy. In addition, a woman 18 years and older is more likely than a younger woman to be emotionally mature and better prepared to care for her child. In fact, when women wait until age 20 to have their first child, the survival chances and the health of mother and child are even better.

**FACT 2.**

**Because pregnancy poses higher risks of complications for women under age 18, these women need health care during pregnancy. They also need a skilled attendant to oversee childbirth and care for the mother and child after delivery.**

All women, but especially women pregnant before age 18, should receive care from a skilled health care provider before, during, and after delivery. Often, health care providers

**WHAT IS FISTULA?**

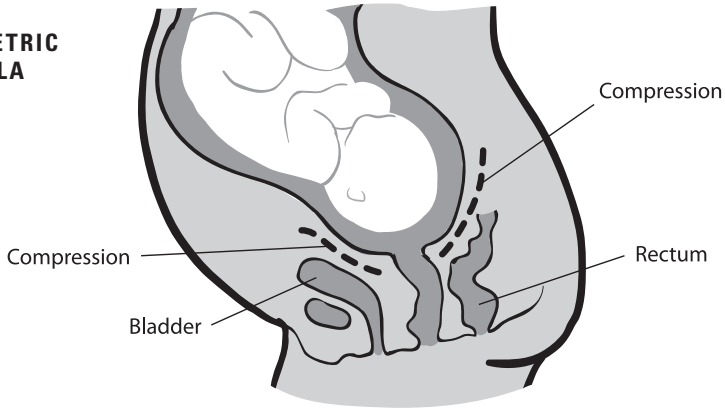
Obstetric fistula is an abnormal hole or opening between the vagina and the bladder, or between the vagina and the rectum, or both (see Obstetric Fistula graphic, page 27).

Fistula occurs during childbirth, usually when a woman is in labor too long. Without timely medical intervention or a cesarean section, the baby often dies and the woman is left with a hole that does not heal, causing her to continually leak urine or feces through the vagina. Because of the leaking, she is often abandoned or neglected by her husband and family and ostracized by her community. Without treatment, her prospects for work and family life are greatly diminished.

All pregnant women are at risk of developing a fistula, but especially very young women and women who have given birth multiple times. Three ways to prevent fistula are:

- Family planning to prevent unintended pregnancies
- Skilled attendance at all births
- Emergency obstetric care for those who develop complications

Fistula is also treatable — it can be surgically repaired with a success rate as high as 90% when women have access to a trained surgeon at a hospital providing fistula repair. Fistula is widespread in Africa and Asia.

**OBSTETRIC  
FISTULA**

In the graphic above, the head of the baby is shown entering the birth canal. In prolonged labor, the continuous pressure along the compression lines shown above can result in fistula between the vagina and either the bladder or rectum.

can prevent complications. Providers can also either identify and treat or refer for complications and other health problems that may arise for the mother or child. It would be ideal if a young woman would seek health care before pregnancy to make sure her body is fully developed and ready for pregnancy.

Women who deliver before age 18, and particularly those under age 15, are at very high risk for complications during childbirth. To prevent or treat these complications, the young mother and her family should plan to have a skilled attendant on hand for the delivery.

**FACT 3.**

**Contraceptive methods — other than sterilization — do not permanently affect a woman's ability to have children. These methods can be used to delay the first pregnancy. When a woman is ready to have a child, she can simply stop using the method.**

Sometimes women and couples do not know what contraceptive methods they can use to postpone or prevent a first pregnancy. Also, they may be

concerned that using a family planning method may damage their ability to have children in the future. In fact, women who want to delay their first pregnancy for a year or several years can safely use most family planning methods because they are reversible — “reversible” means that the method does not permanently affect a woman’s ability to have children. When a couple decides to stop using the method, the woman may become pregnant soon.

Chapter 7 provides more information on contraceptive methods, including both short-acting and long-acting reversible methods. The chapter also describes the two family planning methods that are not reversible, male and female sterilization. Only couples who want to permanently stop having children should choose sterilization. Couples who want to have children later should choose a reversible method.

**FACT 4.**

**Emergency contraceptive pills can prevent a pregnancy when taken within 5 days after unprotected sex — that is, when no method was used, a method was used incorrectly, or a method failed.**

Sometimes women and couples may want to delay their first pregnancy, but are not using any contraceptive method. Some couples use contraception, but may occasionally use it incorrectly, forget to use it at all, or experience method failure (for example, forget to take a pill on time, fail to put a condom on, or the condom breaks or slips). All couples need to know that they may be able to prevent pregnancy even in these cases. Emergency contraceptive pills (ECPs) can help keep a woman from getting pregnant if she uses them within 5 days after unprotected sex. The sooner a woman uses ECPs after unprotected sex, the more effective this method will be. Women should know about emergency contraception and where to get it, so that they can use it quickly if the need arises.

In some countries health care providers can give ECPs in advance, or a person can buy them at a pharmacy or drug shop. These pills contain the same hormones used in regular oral contraceptive pills. They are very safe, and all women can use them. They are effective only if a pregnancy is not yet established. If a woman is already pregnant, ECPs will not interrupt the pregnancy or cause any harm to the baby. More information on the use of ECPs is in Chapter 7.

**FACT 5.**

**Women's families, including husbands and in-laws, need to be aware that pregnancy and childbirth are often risky for both young mothers and their children. They need to support these young women in postponing pregnancy until they are at least age 18 and their bodies are ready.**

The families of a young married woman and her husband need information on the dangers of early pregnancy to the health and survival of the mother and the infant. The families should be encouraged to support the couple's use of family planning at least until the girl reaches the age of 18.

The husbands of many young women are older and may have had previous sexual partners and more chances to get exposed to STIs such as HIV, which leads to AIDS. This raises other issues besides delay of pregnancy, including the possibility of couples being tested for HIV and the need to use condoms in addition to another contraceptive method. More information on using condoms for prevention of STIs/HIV along with another contraceptive method is available in Chapters 7 and 10.