World Journal of Advanced Research and Reviews
eISSN: 2581-9615 CODEN (USA): WJARAI
Cross Ref DOI: 10.30574/wjarr
Journal homepage: https://wjarr.com/

(CASE REPORT)

Childhood pregnancy and a successful delivery: A case report

Esther Ijeoma Nonye-Enyidah *, Alphaeus Gogo Mba, Asikimabo Ofori, Dickson Hezekiah John, Sharon I Nathan and Ihuoma F Charles-Anozie

Department of Obstetrics and Gynaecology, Faculty of Clinical Sciences, Rivers State University.

World Journal of Advanced Research and Reviews, 2026, 30(01), 1238-1241

Publication history: Received on 27 February 2026; revised on 06 April 2026; accepted on 08 April 2026

Article DOI: https://doi.org/10.30574/wjarr.2026.30.1.0768

Abstract

Background: Childhood pregnancy is a public health problem that requires urgent attention. It is associated with significant negative impaction on physical, mental, social and economic health of the mother and child. To reduce the risks of maternal and perinatal morbidity and mortality, specialized antenatal care and health education are important.

Objective: To report a case of childhood pregnancy following a rape, her successful antenatal care and delivery.

Methods: The case note of the patient was retrieved and the management reviewed. Relevant review of the literature on the subject was also done.

Result: She was an 11 year old student, primigravida, who registered for antenatal care at 34 weeks gestation. She was sexually abused by an unknown armed man on her way to buy food at night. Booking parameters were normal and pregnancy was supervised and remained uneventful until 37 weeks gestation when she was admitted in antenatal ward for an elective caesarean section. Subsequently, she was delivered of a live male baby with good APGAR score. Mother and baby were discharged in good clinical state.

Conclusion: The case is that of a childhood pregnancy which is a global health issue associated with myriad of maternal and perinatal morbidities and mortality. Integrated antenatal care and psychological support during this period will go a long way to improve maternal and fetal outcome.

Keywords: Childhood Pregnancy; Adolescent; Sexual Abuse; Antenatal and postnatal care; Caesarean Section

1. Introduction

Childhood pregnancy is an adolescent pregnancy occurring at pre-teenage age. Adolescent pregnancy occurs at ages between 10 and 19 years in which most cases are unplanned and unintended pregnancies.[1,2] Younger adolescents are ages between 10 and 14 years and older adolescents are ages between 15 and 19 years. Between 2015 and 2020, nearly 15% of women aged less than 18 years worldwide gave birth with more than 90% of these births in developing countries. Globally, approximately 20% of adolescent girls have given birth, increasing to approximately 33% in low income countries.[1-3] Adolescent pregnancy is a global health problem with significant impacts on physical, mental, social and economic health affecting both the mother and the baby. It contributes to high maternal and perinatal mortality rates, intergenerational cycles of illness and poverty.[4-7] Each year approximately 70,000 adolescents worldwide die from pregnancy-related causes.[2] Globally, there is paucity of data with respect to pre-teenage pregnancy, however the rates of teenage pregnancy varies.[2-4] It ranges between 1/1000 to 299/1000 girls with an average of 49/1000 girls.[8] The incidence is higher in developing countries than their developed counterparts. The difference in the incidence rates

* Corresponding author: Nonye-Enyidah Esther Ijeoma

between the developed and developing countries has been attributed to the availability of effective contraception for adolescents in the developed countries and not due to differences in sexual behaviour.[8]

Adolescents who have been victims of abuse or violence have a higher likelihood of becoming pregnant. They are not physically and mentally prepared for pregnancy or delivery which increases the risk of problems and life-threatening health effect.[6] Emotionally, they are more likely to be depressed, to drop out of school and at high risk of a repeat pregnancy creating a new cycle of poverty especially if the adolescent does not complete high school or college degree.[1,2] Adolescent mothers who have been victims of abuse are at high risk of seeking late antenatal care, poorer obstetric outcomes, increased neonatal morbidity and mortality and abusing their children. The children are more likely to be poor, grow up without a father, become victims of neglect or abuse, have poor academic outcome, involved in crime, drug abuse and become adolescent parents themselves. Other factors contributing to adolescent pregnancies include early marriage, lack of education, alcohol and drug abuse, peer pressure to engage in sexual activity, low self-esteem, lack of sex education, lack of access to contraception etc.[1-8]

2. Case report

Miss HE is an 11 year old Junior Secondary School (JSS) student, Gravida1Para0 who in the company of her mother, registered for antenatal care at our facility with an ultrasound scan diagnosis of 30 weeks gestation. She was unsure of her last menstrual period. At booking, she reported that she was sexually assaulted at gun point by an unknown man when she went out at night to buy food. She informed no one of this incident; however her mother said pregnancy was suspected by a progressive increase in abdominal size and history of amenorrhoea.

Examination at booking revealed a withdrawn child who was not pale, anicteric, afebrile, not dehydrated with mild pitting pedal oedema. Her chest was clinically clear, her pulse rate and blood pressure were normal. On abdominal examination, her fundal height was compatible with 34 weeks gestation. The fetus was in longitudinal lie, cephalic presentation, in left occipito-anterior position, descent was 5/5th palpable per abdomen and the fetal heart rate was 144 beats/minute and regular. She was commenced on comprehensive antenatal care involving other experts like social welfare, psychologist and trained nurses. She was also placed on routine antenatal drugs- haematinics, intermittent prophylactic therapy for malaria prevention and tetanus toxoids vaccine for tetanus prevention appropriately.

Her booking parameters included: Weight – 64kilograms, Height – 1.6metres and Blood Pressure was 117/85 mmHg. Her Blood group- O Rhesus D positive, genotype – AA, Packed cell volume – 32%, Hepatitis B surface antigen - non reactive, Human Immunodeficiency virus 1 and 2 –negative.

The need to deliver her by an elective caesarean section at term was explained to them which they consented to. She was seen at every visit in the company of her mother and they kept to all the appointments.

She is the only child of her parents who had tertiary level of education and are employed. She attained menarche at 10 years. Her antenatal period remained uneventful until she was admitted at 37 weeks gestation for an elective caesarean section.

Her pre-operative packed cell volume was 32%. A unit of blood was grouped and cross-matched for her. She subsequently had an elective caesarean section and intra operative findings were a well formed lower uterine segment, clear liquor, normal tubes and ovaries. Outcome was a live male baby who weighed 2.7kg and a good APGAR score. Estimated blood loss was 250mls. She did well post-operatively on intravenous fluids, haematinics, analgesics and antibiotics. Her post-operative packed cell volume was 30%. She had psychological support from the hospital's Psychologist and Social welfare and was counseled on family planning. Her baby was immunized for age according to the WHO Immunization scheme. Both mother and baby were discharged home to her parents on the 4th post-operative day in good clinical state.

3. Discussion

People who experience childhood sexual abuse (CSA) are at risk of adolescent pregnancy as happened in this case. She was sexually abused at gun point by an unknown man and she did not tell anybody including the mother, probably out of shock or the criminal had threatened her not to tell anyone as it is usually the case for those abused. Poor family communication is another factor that could have contributed to her not telling her parents.

The affected adolescents often face social stigma, loss of access, interest and opportunity to good education and limited economic opportunities. This is worsened by physical and emotional immaturity making them less prepared to face the challenges of pregnancy and parenthood. [5] They may encounter loneliness, guilt, poor self-esteem, depression and might have suicidal thoughts.[7] About 30% of teenage mothers experience depression during pregnancy due to social stigma and psychological pressure they experience.[8] Miss HE was noticed to be withdrawn when she and mother came to register for antenatal care. She probably did not know that she was pregnant until it was discovered late at 30 weeks by her parents.

Teenage pregnancy often highlights a number of human right issues including limited right of education, right to good health, use contraceptives and knowledge on reproductive health.[7,10] According to WHO, adolescent pregnancy is one of the causes of obstetric complications globally and they are three times more susceptible to complications compared to adult pregnant women.[5,6] Biologically, the body of an adolescent pregnant girl is not fully developed to deal with the process of pregnancy and childbirth. Girls under the age of 14 years like miss HE, are more at risk for medical complications since an under developed pelvis might make delivery more challenging because they are more likely to have obstructed labour and its complications. They are also at risk of anaemia, malaria, preeclampsia, eclampsia, premature rupture of fetal membranes, gestational diabetes mellitus, pregnancy induced hypertension, urinary tract infection, preterm birth, low birth weight infants etc.[7,11,12] They are also prone to sexually transmitted infections (STIs) which can be transmitted to the fetus through vertical transmission.[7,11] Although the adolescent registered late for antenatal care primarily because of late discovery of the pregnancy by the parents, she did not have any of these complications, She had good parental support during the period including ongoing police investigation for justice. Miss HE was screened for STIs and the results were negative.

A holistic approach is key to dealing with adolescent pregnancy involving medical personnels, psychologists, nutritionists, families and the community. Psychological support aids them to cope with anxiety and stress assisting in emotional support. Relaxation techniques and group counseling are effective in reducing symptoms of depression and anxiety in these mothers.[13-16] Miss HE benefited from these support and guidance from our team of obstetricians, nurses, welfare officers, Psychologists etc as she was seen by these experts all through her antenatal and postnatal periods.

The decision to perform a caesarean section was taken to prevent maternal and fetal complications associated with inadequately developed pelvis. After delivery, she was referred to the psychiatrists for adequate and proper mental health care. Social welfare officers and family planning nurses also attended to her. They essentially worked on her psychologically to ameliorate any post-traumatic stress disorder. She was encouraged to further her education, given family planning advice and guidance on how to manage her time between caring for her baby and studying. She did well on this line of management.

4. Conclusion and Recommendation

Adolescent pregnancy is a public health issue with medical, psychological and social consequences for the mother, child and her family. There should be a widespread education on sexual and reproductive health. Every country should put in place means of curbing deviant behaviors especially sexual assaults and ensure that the perpetrators receive capital punishment for the offence.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

This is a case report where all records are in patients' folders.

References

[1] Abate BB, Sendekie AK, Alamah AW, Tegegne KW, Kitaw TA, Bizuayehu MA et al. Prevalence, determinants and complications of adolescent pregnancy: an umbrella review of systemic reviews and meta-analyses. AJOG Global Reports, 2025; 5 (1): 100441.

[2] Black AY, Fleming NA, Rome ES. Pregnancy in Adolescents. Adolescent Medicine, 2012; 023: 123-138.

[3] Ganchimeg T, Ota E, Morisaki N et al. Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. BJOG, 2014; 121 (suppl 1): 40-48.

[4] Eyeberu A, Getachew T, Sertsu A et al. Teenage pregnancy and its predictors in Africa: Asystematic review and meta-analyses. Int J Health Sci (Qassim), 2022; 16: 47-60.

[5] Nirmalasari S, Euvangelia Dwilda Ferdinandus ED and Budiono DI. Case report: Holistic approach to pregnant adolescents. World Journal of Advanced Research and Reviews, 2025, 25(01), 1845-1850.

[6] WHO. Adolescent pregnancy [Internet]. 2024 [cited 2025 Jan 18]. Available from: https://www.who.int/news room/fact-sheets/detail/adolescent-pregnancy.

[7] Chakole S , Akre S , Sharma K , Wasnik P , Wanjari MB, Chakole et al. Unwanted Teenage Pregnancy and Its Complications: A Narrative Review. Cureus, 2022; 14 (12): e32662.

[8] [8] Dewi R, Fitriani N, Yulianti D. Mental health in pregnant teenage mothers and factors that influence it. J Psikol Kesehat. 2021;12 (4):85–91.

[9] Eli S, Eli-Ebi S, Nonye-Enyidah E, Aguwe EO, Nnoka VN, Owhonda G, Emeghara GI, Tee GP. Pre-teenage Pregnancy Emergency Caesarean Section at Term following CPD in labour: A Case Report. Greener Journal of Medical Sciences, 2022; 12(1): 128-130.

[10] McNiss C, Kalarchian M, Laurent J. Factors associated with childhood sexual abuse and adolescent pregnancy. Child Abuse Negl, 2021; 120: 105183.

[11] Ochen AM, Chi PC, Lawoko S: Predictors of teenage pregnancy among girls aged 13-19 years in Uganda: a community based case-control study. BMC Pregnancy Childbirth. 2019, 19:211. 10.1186/s12884-019-2347-y.

[12] Mamo K, Siyoum M, Birhanu A. Teenage pregnancy and associated factors in Ethiopia: a systematic review and meta-analysis. Int J Adolesc Youth, 2021; 26: 501-312.

[13] Rachmawati A, Irwansyah M, Wulandari A. Psychological support for pregnant teenage mothers: Impact on maternal mental health and well-being. J Psikol Klin. 2023; 8 (1):74–83.

[14] Karolina A, Susanto A. Antenatal care interventions for adolescent mothers: A systematic review. J Kesehat Reproduksi. 2021;13 (2):98–104.

[15] Suryani D, Indah P, Utomo H. Educational interventions for teenage mothers: A pathway to improve quality of life. J Matern Child Welf. 2023;19 (2):210–20.

[16] Pratiwi R, Widodo A, Rahayu T. Contraceptive education for teenage mothers to reduce repeated pregnancies. J Adolesc Heal. 2023;18 (2):98–105.