Teenage pregnancy: maternal age, consequences, and repercussions

José Hiran da Silva Gallo

Abstract

This paper discusses many aspects of teenage pregnancy related to their age, ranging from 10 to 19 years according to World Health Organization. The research undertaken hereto seeks to dimension the consequences of pregnant adolescents' age with several factors from intrinsic risks to birth, social and behavioral aspects, considering physical and emotional differences between a 10 years old girl and an nearly adult 19 years old woman. In order to analyze maternal age as determinant and risk factor in adolescents who got pregnant, a survey was designed from semi-structured questionnaire applied to 422 pregnant women aged 10 to 19 years old, who gave birth in the Obstetric Center at the Base Hospital of Porto Velho, Rondonia, in 2006 and 2007.

Key words: Adolescence. Pregnancy. Age. Risk.

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Adolescent pregnancy is, from the 70s, classified as *high risk* pregnancy by the World Health Organization (WHO) [1]. The same concept is adopted by the Ministry of Health, which characterizes pregnancy at this stage as a situation of severity and risk, which defines it as high risk in view of clinical, biological and behavioral aspects of the event and its repercussions on the mother and offspring [2].

On becoming pregnant, the teenager may have problems with growth and development, emotional and behavioral disturbances, education and learning, as well as pregnancy complications and problems inherent to childbirth [3].

There are reports of obstetrical complications that occur in greater proportion among adolescents, especially in the lower age group. There are findings ranging from anemia, insufficient weight gain,

hypertension, urinary infection, STDs, cephalopelvic disproportion, to puerperal complications [4-8]. However, we must stress that these findings also relate to prenatal care, as long as there is adequate monitoring to verify a lower risk of obstetric complications in the comparison between adolescent and adult women of the same socioeconomic level [9-11].

The literature is controversial regarding the prevalence of caesarean section in pregnant adolescents. Some studies show that caesarean sections are more common in this age group [12-14], while others record a lower incidence of caesarean sections in adolescents than in other age group [15,16]. Scientific studies reveal negative characteristics more unfavorable in adolescent mothers from 13 to 17 years than in those aged 18 and 19 years [17,18].

A study by the New England Journal of Medicine (NEJM) in 1995, shows early association between maternal age and reproductive risks, which beat all other social and demographic factors [19], different, therefore, from the results found by researchers from Campinas (Sao Paulo) who concluded that the main risk factors relate to unfavorable social and economic conditions [20]. One must consider, however, the difference in the socioeconomic realities of the studies, which probably influences the results.

Besides the difference related to the social and cultural context, one must consider the very question of defining age as to WHO youth would be the period between 15 and 25 years, and adolescence would correspond to the range of 10 to 19 [1].

However, this parameter should be reconsidered, given the striking physical and emotional gradient that exists between a 10 year old girl and another of 19. This observation finds support in the internal law, in art. 2 of the Statute of the Child and Adolescent (ECA) – which restricts this interval, defining for legal purposes that child is *a person until incomplete twelve years old and teenager the one between twelve and eighteen years of age* 21 [21].

Regardless individualized age or characterization of age, adolescence would be defined by physical, mental and emotional changes, which would result in individual and social vulnerability. The research that led to this article was undertaken in order to raise and reflect those changes.

Objectives

This study aimed at analyzing the occurrence of several simultaneous events to pregnancy in adolescents in the city of Porto Velho, Rondonia. The specific objectives are to study the differences and heterogeneity according to age of the mothers at birth of babies, and thus contribute to a reflection on the emblematic issue of teenage pregnancy and its consequences and repercussions on individual, family, and social levels.

Method

The survey had two instances. At first, we performed a cross-sectional study, documentary, in a public health unit in the city of Porto Velho/RO: Base Hospital Ary Tupinambá Pena Pinheiro, known as Base Hospital – a reference in tertiary care not only to the capital, but also for the entire state.

We raised all medical records related to births in the years 2006 and 2007, and collected summarized data on pregnant women, such as identification, age, address, type of delivery, obstetric history and data related to the procedure performed.

In order to verify the convergences and divergences between the data recorded in medical records and those that could arise from the women themselves, in the second part the survey a data collection was conducted with a tool that was standardized, pre-coded and designed specifically for this purpose. The questionnaire, containing 76 questions, was divided into three parts: the first, with 29 questions, related social and demographic data of pregnant women; the second with 27, raised the reproductive history and the third with 20, inquired on the experience birth itself. The questionnaire was given to pregnant women listed in the initial survey made in the records of the obstetric ward. It is noteworthy that these women were approached and interviewed in their homes from the addresses collected in the initial stage.

The project was submitted and approved by the Research Ethics Committee (CEP) of the Universidade Federal de Rondonia, as required by the ethical rules and guidelines for research involving humans.

Data collection and processing

The sample comprised all patients (n = 4710) cared for in the obstetric ward at Base Hospital in the years 2006 and 2007. We excluded those whose homes were located in rural areas - difficult to access - and in other cities in the state, which constituted approximately 20% of the total. The interviews were conducted by a team composed of professional health care workers (health agents), who went to respondents' homes. All interviewers were trained previously and supervised by the responsible researcher and author of the article. If women were not found at the addresses specified in the records or if the address itself did not exist – as it often happened – they were excluded. Thus, 3,449 women were randomly excluded, which accounts for 73.2% of the sample. Of the total 1,261 women found in their addresses, 422 were younger than 19 years old.

All questionnaires were reviewed and the data stored in the Statistical Package for Social Sciences (SPSS 15.D). The doubts raised were corrected by telephone,

or return to the house for each respondent. Data were collected after the signing of an informed consent (IC), preceded by the appropriate clarification about the research.

Results and discussion

Table 1 shows the absolute number of births in the years 2006 and 2007, according to the age group of mothers. It is striking that about one in every three women is in the age group that classifies them as teenagers.

The Brazilian Institute of Geography and Statistics (IBGE) reports different percentages in different states of the Federation, but the percentage of live births in women under 20 years is 21.6% for Brazil, or one in five pregnancies [22]. Variable percentages occur between regions: 15.8% in the Federal District; 16.9% in Sao Paulo, 30.2% in Maranhao and 29.9% in Para. It is worth mentioning that from 1970 to 2000 in industrialized countries, there was an increase in the rate of births among women aged 35 years or more. In the United States of America (USA) this percentage rose from 5% to 13% of all births, which indicates a trend that seems to be reproduced also in Brazil, where the percentage of births among women in this age group increased from 7.95% in 1996 to 9.55% in 2006 [23]. There seems to be in these cases an inverse correlation with the increase in birth rates in women in older age groups, causing apparent decline in rates of teen pregnancy. The new role of women in modern societies causes them to have children later.

Table 1 - Distribution of pregnant women who gave birth in the obstetric ward of the Base Hospital Porto Velho in 2006 and 2007, according to age (n = 4710)

Age group	No	Percentage (%)
Up to 19 years	1,354	28.7
20 to 35 years	3,136	66.6
Over 35 years	214	4.5
No record	6	0.1
Total	**4.710**	**100**

Source: Same/Base Hospital.

Of the total of 422 adolescents, 206 (48.8%) had children vaginally and 216 (51.2%) by cesarean section. Importantly, the Base Hospital has become a reference for high-risk pregnancies from June 2006 when the municipal maternity was inaugurated. It is observed that the cesarean section rate has no statistically significant difference ($p < 0.5$) between age groups, both adult and adolescent women.

Table 2 relates the age of the participants to the frequency of prenatal consultations. We can see that joining the Primary Care Program for Women's Health has global indexes of 83.4%, quite significant if added to the percentage of 11.3% of pregnant teenagers who made three visits during antenatal care.

Table 2 - Age of pregnant adolescents seen in the obstetric ward, Base Hospital in 2006 and 2007 and number of antenatal consultations (n= 422)

Age	Antenatal undertaking (PN)								Total	
	Did not PN		1 or 2 visits		3 visits		Full PN			
	N	%	N	%	N	%	N	%	N	%
13	0	0.0	0	0.0	2	20.0	8	80.0	10	100
14	2	11.8	0	0.0	0	0.0	15	88.2	17	100
15	2	4.7	1	2.3	9	20.9	31	72.1	43	100
16	3	4.8	2	3.2	6	9.5	52	82.5	63	100
17	0	0.0	5	6.0	10	11.9	69	82.1	84	100
18	3	3.1	2	2.0	10	10.2	83	84.7	98	100
19	2	1.9	1	1.0	10	9.3	94	87.8	107	100
Total	12	2.8	11	2.6	47	11.2	352	83.4	422	100

Source: Same/Base Hospital.

The number of pregnant adolescents with previous pregnancies has increased progressively according to the age of the mothers. It is noteworthy that among the 39 mothers with 15 years of age, four were in their second pregnancy. At the other end, of the 69 mothers with 19 years of age, 38 had experienced a previous pregnancy and three were in the fourth pregnancy.

Table 3 records patients' age and delivery route of babies. Observe that there is inversion in the percentage of procedures performed in pregnant women with 13 and 14 years of age. From 15 years, the number of labor deliveries and caesarean sections follows a fair share ($x2 = 6.548$ - $p = 0.365$). The Pearson test was impaired because of the extreme values recorded for the youngest.

Table 3 - Age of teenagers and route of birth recorded in the obstetric ward of the Base Hospital on the years 2006 and 2007 (n = 422) (x2 = 6.548 - p = 0.365)

Age	Delivery route				Total	
	Vaginal		Caesarian			
	N	%	N	%	N	%
13	3	30.0	7	70.0	10	100
14	12	70.6	5	29.4	17	100
15	23	53.5	20	46.5	43	100
16	33	52.4	30	47.6	63	100
17	42	50.0	42	50.0	84	100
18	46	46.9	52	53.1	98	100
19	47	43.9	60	46.1	107	100
Total	206	48.8	216	52.2	422	100

Source: Same/Base Hospital.

When analyzing the relationship between the age of adolescents and fetal death due to birth in the obstetric ward, Base Hospital in the years 2006 and 2007 (x2 = 5.556 - p = 0.475), as per the questionnaire, it was verified that there is no relationship between the two variables. Scientific studies show no significant differences in the evolution of pregnancy and obstetric performance among early and late pregnant teenagers [24].

When relating the age of pregnant adolescents seen and the marital status of their parents (maternal grandparents), according to the questioning of the same instrument, no relationship is verified between the marital status and age of of girls' maternal grandparents. Extreme values may have impaired the Pearson test (x2 = 7.445 - p = 0.282).

Table 4 lists the age of the pregnant adolescents attended and previous use of contraceptive methods. The literature shows that the use of condoms has increased significantly, both in stable relationships and in casual ones, in almost all segments[25]. It appears that many adolescents (47.6%) had never used any contraceptive method, particularly the youngest. This is an indication that health programs must intensify actions in this regard, in particular the intensification of campaigns and regulation of the supply of morning after pill, the supply to the users of the

Unified Health System (SUS) should be facilitated and free of red tape. It is a frequent complaint of the respondents that they *"never found the morning after pill in health care centers."* This claim meets the suggestion of the 2005 Forum on Adolescents and Emergency Contraception[26].

Table 4 - Age of pregnant adolescents cared for at the obstetric ward, Base Hospital in 2006 and 2007 (n = 422) and previous use of contraceptive methods (x2 = 39.818 - p = 0.108)

Age	Use of contraceptive methods													
	Never used		Schedule		Regular use of condom		Irregular use of condom		Píll		IUD		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
13	7	70.0	0	0.0	1	10.0	1	10.0	1	10.0	0	0.0	10	100
14	13	76.5	0	0.0	0	0.0	1	5.9	3	17.6	0	0.0	17	100
15	23	53.5	0	0.0	3	7.0	7	16.3	9	20.9	1	2.3	43	100
16	34	54.0	1	1.6	3	4.8	12	19.0	13	20.6	0	0.0	63	100
17	40	47.6	1	1.2	8	9.5	15	17.9	20	23.8	0	0.0	84	100
18	43	43.9	0	0.0	6	6.1	14	14.3	34	34.7	1	1.0	98	100
19	41	38.3	0	0.0	8	7.5	8	7.5	49	45.8	1	0.9	107	100
Total	201	47.6	2	0.5	29	6.9	59	14.0	129	30.5	2	0.5	422	100

Source: Same/Base Hospital.

By relating the age of pregnant adolescents cared for with the age of the babies' fathers it appears that with the exception of girls aged 16, all groups of the same age remain, approximately 60% of cases with the same partner, who is also the father of the child.

As for the characteristics of the first sexual intercourse and the age of pregnant adolescents, it appears that in the absolute majority of cases (96%) there was girls' consent for the first sexual intercourse, 15 (3.5%) stated that first intercourse was forced, and two (0.5%), reported having been raped.

Table 5 shows the age of the pregnant adolescents who were interviewed in relation to the planning of the pregnancy. From their analysis one can conclude that with the exception of those 15 aged years, pregnancy was not planned in other age groups (x2 = 7.152 - p = 0.307).

Table 5 - Age of pregnant adolescents cared for at the obstetric ward, Base Hospital in the years 2006 and 2007 (n = 422) and planning of pregnancies

Idade	Planejamento da gravidez				Total	
	Sim		Não			
	N	%	N	%	N	%
13	3	30.0	7	70.0	10	100
14	0	100	17	0.0	17	100
15	9	70.0	34	30.0	43	100
16	15	23.8	48	76.3	63	100
17	18	21.4	66	78.6	84	100
18	22	22.9	76	77.1	98	100
19	30	28.0	77	72.0	107	100
Total	97	23.0	325	77.0	422	100

Source: Same/Base Hospital.

When analyzing the age of pregnant teenagers and the desire for pregnancy, it can be seen in girls of all ages, the statistic association in the desire for pregnancy. Of the total 422 adolescents, 290 (68.7%) reported that pregnancy was planned and 132 (31.2%) said they have not planned the pregnancy (x2 = 17.393 - p = 0.008).

When relating the age of pregnant adolescents cared for and the status of relationships with family members after pregnancy, it is seen, in general, that 88.9% answered that there were no changes in relationships with family members and 11.1% reported some kind of rejection or problem in the relationship with their parents. These data seem to emphasize the argument that teenage pregnancy is not always perceived as a problem [27] ($x^2 = 5,702$ - $p = 0,457$).

It was also noted that in one third of cases the costs are borne by the maternal grandparents; in another third, by the baby's father and another third by both parties. Normally, when a teenager declares to have her own income, this refers to resources from alimony ($x^2 = 18,887$ - $p = 0,399$).

The literature reports that the family is a source of material support of young mothers and fathers. Regardless of the social segment and the housing situation, there is always an important aid in supporting young people and their children. The grandmothers are always close to the grandchildren and take responsibility in taking care of them[28]. Family support has been considered the most important factor for minimizing negative emotional repercussions in the teen pregnancy[29].

Table 6 shows that the absolute majority (96.0%) of the adolescents interviewed (n = 422) did not get pregnant after birth. It should be noted that the survey was conducted during the first months of 2009, i.e. between two and three years after delivery.

Table 6 - Age of pregnant adolescents cared for at the obstetric ward, Base Hospital in years 2006 and 2007 (n = 422) and the occurrence of subsequent pregnancy after the birth of the baby

Age	Ocorrência de nova gestação						Total	
	No		Yes, with same partner		Yes, with same partner			
	N	%	N	%	N	%	N	%
13	9	90.0	1	10.0	0	0.0	10	100
14	16	94.1	1	5.9	0	0.0	17	100
15	38	88.4	4	9.3	1	2.3	43	100
16	63	100.0	0	0.0	0	0.0	63	100
17	84	100.0	0	0.0	0	0.0	84	100
18	92	100.0	6	6.1	0	0.0	98	100
19	103	92.3	3	2.8	1	0.9	107	100
Total	**405**	**96.0**	**15**	**3.5**	**2**	**0.5**	**422**	**100**

Source: Same/Base Hospital.

Final considerations

Adolescent pregnancy is very complex phenomenon and associated with a multiplicity of social, family, economic, behavioral, psychological, and educational activities that provide, in most cases, even more problems and disadvantages for this vulnerable age group - not children or adult women. In such a situation the young mothers rely almost exclusively on third parties to acquire basic and necessary elements for survival. Besides this objective difficulty, one must add that they remain at the mercy of stereotypes, fantasies and dreams that will be the tools used to shape the future identity and personality of the adult that is developing.

Difficulties related to adolescents' physical and social survival are deepened in many cases due to the *huge economic, social and cultural disparities in relations between the classes in Brazil [which] place considerable modulations in the phenomenon of youth and teen pregnancy* [30]. Wanted or unwanted, planned or unplanned pregnancy among adolescents occurs in scenarios in which various actors are a part (boyfriends, partners, fathers, grandparents, and other relatives) and carries ramifications that go on for several paths of life and involve the future of many destinations.

Although the biological, physical, behavioral, and psychological differences of females aged between 10 and 19 years are significant, all who fall into this age group are classified also as adolescents. Data from this study, however, show no significant relationship between these variables and the age

of respondents, although one can observe uniformity in the characteristics of the girl-mothers surveyed whose age goes from 10 to 19 years old. This seems to indicate that age itself is not the main factor to determine pregnancy in this age group constitutes necessarily a problem.

Resumen

Embarazo en la adolescencia: la edad materna, las consecuencias y repercusiones

El presente trabajo pretende analizar diversos aspectos del embarazo en la adolescencia en relación con la edad que varía de los 10 a los 19 años según la Organización Mundial de la Salud. La investigación aquí emprendida busca dimensionar las consecuencias de la edad de las adolescentes embarazadas con factores diversos que van desde los riesgos inherentes al nacimiento, aspectos sociales y de comportamiento, teniendo en cuenta las diferencias físicas y emocionales entre una niña de 10 años y una casi adulta con 19 años. Con el fin de analizar la edad materna como factor de riesgo en las adolescentes que quedan embarazadas, se ha elaborado una encuesta de cuestionario semi-estructurado aplicado a 422 mujeres embarazadas de 10 a 19 años ya cumplidos, que dieron a luz en el Centro Obstétrico del Hospital de Base de Porto Velho, Rondônia, en los años 2006 y 2007.

Palabras-clave: Adolescencia. El embarazo. Edad. Riesgo.

Resumo

Gravidez na adolescência: a idade materna, consequências e repercussões

O presente trabalho pretende analisar vários aspectos da gravidez na adolescência relacionados a idade que varia de 10 a 19 anos segundo a Organização Mundial da Saúde. A pesquisa empreendida procura dimensionar as consequências da idade das adolescentes grávidas com vários fatores que vão dos riscos intrínsecos ao nascimento, aspectos sociais e comportamentais, considerando as diferenças físicas e emocionais entre uma menina de 10 anos e uma quase adulta com 19 anos. Com o objetivo de analisar a idade materna como determinante e risco nas adolescentes que engravidaram, foi desenhada uma pesquisa a partir de questionário semi-estruturado, aplicado a 422 gestantes na faixa etária de 10 a 19 anos completos, que tiveram filhos no Centro Obstétrico do Hospital de Base de Porto Velho, Rondônia, nos anos de 2006 e 2007.

Palavras chave: Adolescência. Gravidez, Idade. Risco.

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SOCIODEMOGRAPHIC QUESTIONNAIRE

1 - Age of mother:

2 - Date of birth:

3 - Delivery route:
(1) Vaginal
(2) Caesarian

4 - death from complications of childbirth:
(Yes)
(No)

5 - Fetal death from complications of childbirth:
(Yes)
(No)

6 - Ethnicity:
(1) White
(2) Brown
(3) Indigenous
(4) Asian
(5) Black

7 - Mother's birthplace:
(1) Rondonia
(2) Amazonas
(3) Mato Grosso
(4) Other state

8 - Mother's address:
(1) Porto Velho
(2) Ariquemes
(3) Guajara Mirim
(4) Itapuao d´Oeste
(5) Humaita
(6) Indigenous village
(7) Other city

9 – Mother's religion at delivery:
(1) Catholic
(2) Evangelic
(3) Espiritist
(4) Candomble
(5) Santo Daime or União do Vegetal
(6) No religions
(7) Other:

10 – Did you change religion after delivery:
(Yes) Specify:
(No)

11 - Marital status at delivery:
(1) Single
(2) Stable union
(3) Married
(4) Widow
(5) Separated

12 – The child's father:
(1) Is the current partner
(2) He is not the current partner
(3) Does not know who is the child's father
(4) No reply

13 – Duration of the relationship with the father until date of birth:
(1) It was a casual relation
(2) Less than 6 months
(3) Over 6 months but less than 1 year

(4) 1 to 2 years
(5) 2 to 4 years
(6) + than 5 years

14 – Duration of relationship after date of birth:
(1) Remained single
(2) Remained with same partner
(3) Separated from partner before birth
(4) Separated from partner less than 6 months after birth
(5) Separated from partner after more than 6 months after birth
(6) Separated from partner after over 1 year after birth

15 – Current marital status:
(1) Single
(2) Stable union
(3) Married
(4) Widow
(5) Separated

16 – Duration of relationship after date of birth:
(1) Less than 1 year
(2) 1 to 2 years
(3) 2 to 4 years
(4) + than 5 yrs

17 – Educational level at the date of birth:
(1) Illiterate
(2) Incomplete primary education
(3) Complete primary education
(4) High school incomplete
(5) High school completed
(6) Higher education incomplete
(7) Higher education complete

18 - Continued to study after birth:
(Yes)
(No)

19 - Occupation at birth:
(1) Housewife
(2) Student
(3) Domestic worker
(4) Formal work
(5) Informal work

20 - Did stop working after the birth:
(Yes)
(No)

21 - Current occupation
(1) Housewife
(2) Student
(3) Domestic worker
(4) Formal work
(5) Informal work

22 - Current and past reported health problems and not related to delivery:
(Yes)
(No)

23 –Did you smoke before pregnancy: (Yes)
(No)

24 - Did you smoke during pregnancy: (Yes)
(No)

25 - Do you smoke now: (Yes)
(No)

26 - Used alcohol before pregnancy:
(Yes)
(No)

27 - Used alcohol during pregnancy:
(Yes)
(No)

28 - Makes use of alcoholic beverages today:
(Yes)
(No)

29 - During pregnancy made use of: (1) Any kind of drug

(2) Cocaine paste
(3) Marijuana
(4) Cocaine

REPRODUCTIVE HISTORY

30 - Regarding the use of contraceptives before pregnancy:
(1) Never used any contraceptive method
(2) Used the Rhythm Method
(3) Made regular use of condoms
(4) Made irregular use of condoms
(5) Has used birth control pills
(6) Has used IUD

31 - Regarding the use of contraceptives after pregnancy:
(1) Does not use any contraceptive method
(2) Uses the Rhythm Method
(3) Makes regular use of condoms
(4) Makes irregular use of condoms
(5) Uses birth control pills
(6) Uses IUD

32 - Age of first menstruation:

33 - Age at first sexual intercourse:

34 - Had any kind of STD before pregnancy:
(Yes)
(No)

35 - Are you infected with the HIV virus:
(Yes)
(No)

36 - The first sexual intercourse was:
(1) Consented
(2) Forced
(3) Rape

37 - Weeks of pregnancy until delivery:
(1) Over 40 weeks
(2) 40 weeks
(3) 39 weeks
(4) 38 weeks
(5) 37-36 weeks
(6) 35-34 weeks
(7) 33-32 weeks
(8) 31-30 weeks
(9) 29-28 weeks
(10) Less than 28 weeks

38 - Number of pregnancies up to delivery:
(1) First pregnancy
(2) Second pregnancy (3)
Third pregnancy
(4) Fourth pregnancy (5)
Fifth pregnancy (6) +
than 5 pregnancies

39 - Number of children alive at delivery:
(1) None
(2) 1
(3) 2
(4) 3
(5) 4
(6) 5
(7) + than 5

40 - Number of abortions at delivery:
(1) none
(2) 1
(3) 2
(4) 3
(5) 4
(6) 5
(7) + than 5

41 - In relation to antenatal care:
(1) Did not do antenatal
(2) Only 1 antenatal visit
(3) 2 antenatal visits
(4) 3 antenatal visits
(5) Performed all examinations and consultations

42 - The last U.S. examination carried out the fetus was:
(1) No US performed
(2) Live
(3) Suffering
(4) Dead

43 - Health status of the unborn child at delivery:

(1) Premature

(2) Post-mature

(3) Normal

(4) Stillborn

(5) With anomalies

44 – Weight at delivery (g):

45 - Length of labor:
(1) 1 to 2 hours
(2) 2 to 4 hours
(3) 4 to 6 hours
(4) 6 to 8 hours
(5) 8 to 10 hours
(6) 10 to 12 hours
(7) Over 12 hours
(8) Cesarean

46 - Length of Cesarean section:
(1) 1 hour or less
(2) More than 1 hour
(3) Normal labor

47 - Apgar rate in first minute:
(1) 0
(2) 1-2
(3) 3-4
(4) 5-6
(5) 7-8
(6) 9-10
(7) No Apgar record

48 - Apgar rate at five minutes:
(1) 0
(2) 1-2
(3) 3-4
(4) 5-6
(5) 7-8
(6) 9-10
(7) No Apgar record

49- Current health status of the newborn:
(1) Died within 7 days after delivery
(2) Died within 6 months after delivery
(3) Died by 1 year after delivery
(4) Died over 1 year after delivery
(5) Normal

50 - Bears some type of disability:
(Yes)
(No)

51 - Bears some sort of neurologic disability:
(Yes)
(No)

52 - Receives any special care?
(Yes)
(No)

53 - Was it a planned pregnancy?
(Yes)
(No)

54 - Was it a wanted pregnancy?
(Yes)
(No)

55 - The child was born:
(1) At home
(2) In the way to hospital
(3) At the hospital

56 - In relation to breastfeeding:
(1) Did not breastfeed
(2) Breastfed for less than 1 month
(3) Breastfed within 1 to 2 months
(4) Breastfed within 2 to 3 months
(5) Breastfed within 3 to 6 months
(6) Breastfed for more than 6 months

CAESAREAN SECTION x LABOR QUESTIONNAIRE

57 - During pregnancy you:
(1) Had no disease
(2) Had anemia
(3) Had diabetes
(4) Had eclampsy

58 - Was it your desire to have a normal delivery?
(Yes)
(No)

59 - Was it your desire to have a cesarean section?
(Yes)
(No)

60 –The delivery route was :
(1) Normal delivery
(2) Normal delivery with episiotomy
(3) Delivery with forceps
(4) Caesarian

61 - Indication of cesarean section was due to:
(1) No caesarean section performed
(2) Fetal distress
(3) For tubal ligation
(4) DCP
(5) Macrosomia
(6) Iterative
(7) Other

62 - The Caesarean was:
(1) No caesarean section performed
(2) Urgent
(3) Elective

63 - The cesarean section lasted:
(1) No caesarean section performed
(2) Less than 1 hour
(3) More than 1 hour

64 - Have you had any complication from cesarean section: (Yes) Specify:
(No)

65 - Did you regret having undergone cesarean?
(Yes)
(No)

66 - Did you have any complication during labor?
(Yes) Specify:
(No)

67 - Did you regret having a normal delivery?
(Yes)
(No)

68 – Did you have to return to hospital for care due to complications from delivery?
(Yes)
(No)

69 - Do you want other children?
(Yes)
(No)

70 - If you could choose today, which delivery method would you choose?
(1) Caesarian
(2) Normal delivery

71 - Do you think that whatever the financial conditions of the pregnant woman, she has the right to choose the type of delivery to be made, opting for vaginal delivery or cesarean?
(Yes)
(No)

72 - Concerning sexual drive after delivery:
(1) Remains the same
(2) Became "colder"
(3) Your drive increased
(4) Does not want to answer

73 - Regarding the time required for recovery:
(1) The recovery time of normal birth is greater
(2) The recovery time of cesarean section is higher
(3) The recovery time is the same for both

74 - You would recommend to any friend or relative the same type of delivery you had?
(Yes)
(No)

75 - Would you advise a friend or relative to undergo what kind of delivery?
(1) Caesarian
(2) Normal delivery

76 - If you underwent cesarean section:
(1) The surgery delayed breastfeeding
(2) The surgery did not interfere with breastfeeding