



Media Release

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Teen pregnancy study

First time teen mothers need immediate and ongoing contraceptive support as soon as possible after giving birth to prevent the phenomenon of rapid repeat pregnancy (RRP), according to new Australian research.

Predictors of sexual intercourse and rapid repeat pregnancy among teenage mothers: an Australian longitudinal study was conducted by researchers from the University of Western Australia, the University of Melbourne and the University of Sydney. Professor Hickey, Professor of Obstetrics and Gynaecology at the Royal Women's Hospital and the University of Melbourne, is a senior author of the research paper, published in the Medical Journal of Australia.

"To reduce RRP health care providers should either provide teenage mothers with long-acting contraceptives and support; or gain a clear understanding of the teen mothers' intentions regarding repeat pregnancy so they get appropriate advice and support," Professor Hickey said.

This first Australian study of the predictors of RRP was conducted between June 2004 and September 2006 at the King Edward Memorial Hospital, Perth. It has a dedicated adolescent antenatal clinic which teenagers are encouraged to attend six weeks after giving birth, for free contraception and safe-sex counselling.

Of the 147 study participants 109 (74%) continued with the study until 24 months after giving birth. During that time 49 of the teen mothers (33%) became pregnant – two of them within six weeks of giving birth the first time.

Most participants (76%) had not intended to conceive their first child, and 48% were not using contraception when they conceived.

Within 24 months of postpartum 138 participants (94%) had resumed sex, and 41 of them (30%), did so without contraception. A total of 106 women surveyed (77%) had resumed sex by three months after birth, with 55 of them (52%) initially using no contraceptive cover.

"Early resumption of sexual intercourse without contraception was common, and two teenage girls were already pregnant by six weeks postpartum, highlighting that the standard six week check may be too late for providing contraceptive counselling and reviewing contraception options," Professor Hickey said.

"The overall finding that 94% of the teens had resumed sex by 24 months postpartum reinforces the need for ongoing contraceptive support and follow up in this group, to encourage long term contraceptive use. The girls using oral contraceptive were as likely to experience RRP as those using barrier methods (condoms), or no contraception at all."

Teens can be poor users of oral contraceptives and condom use in this group is often inconsistent. "Long-lasting birth control methods, such as subcutaneous contraceptive implants, appear to be the only means to effectively reduce RRP in this population," she said.

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