Adolescents as Mothers: 
An Interdisciplinary Approach to a Complex Problem

Howard J. Osofsky,1 Joy D. Osofsky,2 Norman Kendall,3 and Renga Rajan4

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Pregnancy among adolescents, and especially among low-income adolescents, represents a high-risk situation from multiple points of view. When compared to data for the population at large, obstetrical outcome is worsened, subsequent educational attainment is poor, social prognosis is guarded, and repeat unwanted pregnancies are common. The surviving infants, similarly have relatively high incidences of medical and developmental problems. In recent years, comprehensive interdisciplinary programs have been organized to offer more meaningful help to these individuals. The present report describes the authors' 5-year experience with one early intensive program. Considerable medical, educational, and social successes have been noted. The results are especially striking when contrasted with the authors' current experience with an improving but still more fragmented and less successful program. Findings concerning infant development and the mother-infant interaction are also noted. Finally, issues related to the achievement of successes and the persistence of problems after provision of more adequate comprehensive services are discussed.

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1Professor of Obstetrics and Gynecology and Chief of Obstetrics at Temple University Health Sciences Center, Philadelphia, Pennsylvania. While on the faculty of the State University of New York, College of Medicine at Syracuse, was a founder and the first medical director of the YMED program.

2Associate Professor of Psychology at Temple University, Philadelphia, Pennsylvania. Specialty is Developmental Psychology, and research interests concern infant and early child development and the effects of children on parents. While on the faculty of Cornell University, served as a consultant to the YMED program.

3Professor of Pediatrics and Chief of Neonatology at Temple University Health Sciences Center, Philadelphia, Pennsylvania. Project director of the high-risk program.

4Associate Professor of Obstetrics and Gynecology at Temple University Health Sciences Center, Philadelphia, Pennsylvania. While on the faculty of the State University of New York, College of Medicine at Syracuse, was obstetrical director of the YMED program.
INTRODUCTION

At present, a considerable body of data exists which tends to demonstrate that pregnant adolescents, and especially those who are economically poor and/or nonwhite, represent high-risk individuals from medical, educational, and social points of view. Similarly, the infants resulting from such pregnancies appear to have a considerably worsened prognosis when compared to infants from the population at large. Before describing a specific intervention program together with some of its results it would appear worthwhile to briefly review available data in these areas.

With few exceptions, both national and international data have indicated that teenage pregnancy is accompanied by considerably more difficulty than pregnancies in general (Aznar and Bennett, 1961; Battaglia et al., 1963; Birch and Gussow, 1970; Glaman and Bell, 1964; Hassan and Falls, 1964; Menken, 1972; Mussion, 1962; Osofsky, 1968a; Osofsky and Kendall, 1972; Pakter et al., 1961; Polliakoff, 1958; Semmens, 1965; Stine et al., 1964; Vincent, 1961; Zackler et al., 1969). For example, Pakter et al. (1961b) reported information from a large group of such pregnancies in New York City and found that complications were more frequent. They noted increased incidences of toxemia, syphilis, prematurity, maternal mortality, and infant mortality. Aznar and Bennett (1961), Claman and Bell (1964), Mussio (1962), and Polliakoff (1958) all found an increased incidence of toxemia among this group of patients. Hassan and Falls (1964) studied 159 young primiparas between the ages of 12 and 15 and compared them to two control groups. One control group consisted of 22-year-old primiparas and the other was comprised of all of the remaining patients delivered at two Chicago hospitals. The authors found that the study group had increased incidences of excessive weight gain, prolonged labor, toxemia, cesarean section, cervical laceration, premature labor, and neonatal and perinatal mortality. Stine et al. (1964) reviewed the records of Baltimore residents in 1961 and compared neonatal death rates and prematurity rates by age and race of the mother. Their figures revealed marked racial differences in all age groups, with the nonwhite population contributing a significantly higher rate of pregnancy loss. Further, age alone, regardless of race, seemed to play a significant role. Increased prematurity and higher neonatal death rates were found in the groups under 20 years of age; these complications were especially prevalent in females younger than age 17. Battaglia et al. (1963) studied all deliveries at the Johns Hopkins Hospital for the years 1939-1960 and compared mothers aged 14 or less with a group of 15- to 19-year-old nonwhite mothers and with another group consisting of the remainder of the clinic population. They found significantly increased incidences of prematurity, perinatal mortality, toxemia, and contracted pelvis in the group aged 14 or less.