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Original Article

Adolescent pregnancy: sociodemographic profile of pregnant adolescents from 2015 to 2019

Gravidez na adolescência: perfil sociodemográfico de adolescentes grávidas no período de 2015 até 2019

Embarazo en adolescentes: perfil sociodemográfico de las adolescentes embarazadas en el periodo de 2015 a 2019

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Abstract

Objective: to analyze the sociodemographic profile of pregnant adolescents in Brazil between 2015 and 2019. **Method:** descriptive cross-sectional study, with a quantitative approach, coming from the Information Technology Department of the Unified Health System. Data analysis used absolute and relative frequencies (%). **Results:** 2,405,248 pregnant adolescents were registered. The majority of pregnancies occurred in girls aged 15 to 19 years (95.2%), of a brown color (65.4%), single (64.9%), with 8 to 11 years of maternal education (66.9%). As for the characteristics of pregnancy, 98.7% were single pregnancy, lasting 37 to 41 weeks (81.7%) and vaginal type of delivery (61.2%). The temporal analysis showed a drop from 2015 to 2019. **Conclusion:** teenage pregnancy is a complex event in which attention must address a biopsychosocial context. Thus, delineating the sociodemographic profile of these adolescents is necessary, as it makes it possible to get to know the population under study and its vulnerability conditions.

Descriptors: Pregnancy in Adolescence; Adolescent; Health Vulnerability; Sociodemographic Factors; Health Personnel

Resumo

Objetivo: analisar o perfil sociodemográfico de adolescentes grávidas no Brasil entre os anos de 2015 até 2019. **Método:** estudo transversal descritivo, com abordagem quantitativa, proveniente do Departamento

de Informática do Sistema Único de Saúde. A análise de dados utilizou frequências absolutas e relativas (%). **Resultados:** foram registradas 2.405.248 adolescentes grávidas. A maioria das gestações ocorreram em meninas de 15 a 19 anos (95,2%), de cor parda (65,4%), solteiras (64,9%), com 8 a 11 anos de instrução materna (66,9%). Quanto as características da gestação, 98,7% foram gravidez única, com duração de 37 a 41 semanas (81,7%) e tipo de parto vaginal (61,2%). A análise temporal apresentou queda de 2015 a 2019. **Conclusão:** a gravidez na adolescência constitui-se como um evento complexo em que a atenção deve abordar um contexto biopsicossocial. Assim, delinear o perfil sociodemográfico dessas adolescentes é necessário, pois possibilita conhecer a população em estudo e suas condições de vulnerabilidade.
Descritores: Gravidez na Adolescência; Adolescente; Vulnerabilidade em Saúde; Fatores Sociodemográficos; Pessoal de Saúde

Resumen

Objetivo: analizar el perfil sociodemográfico de las adolescentes embarazadas en Brasil entre los años 2015 y 2019. **Método**: estudio descriptivo transversal, con enfoque cuantitativo, del Departamento de Informática del Sistema Único de Salud. En el análisis de los datos se utilizaron frecuencias absolutas y relativas (%). **Resultados**: se registraron 2.405.248 adolescentes embarazadas. La mayoría de los embarazos se produjeron en chicas de entre 15 y 19 años (95,2%), morenas (65,4%), solteras (64,9%), con entre 8 y 11 años de educación materna (66,9%). En cuanto a las características del embarazo, el 98,7% fueron embarazos únicos, con una duración de 37 a 41 semanas (81,7%) y tipo de parto vaginal (61,2%). El análisis temporal mostró un descenso de 2015 a 2019. **Conclusión**: el embarazo en la adolescencia constituye un evento complejo en el que se debe prestar atención a un contexto biopsicosocial. Por lo tanto, es necesario delinear el perfil sociodemográfico de los adolescentes, ya que permite conocer a la población en estudio y sus condiciones de vulnerabilidad.
Descriptores: Embarazo en Adolescencia; Adolescente; Vulnerabilidad en Salud; Factores Sociodemográficos; Personal de Salud

Introduction

The period of adolescence, according to the World Health Organization (WHO), comprises the age group from 10 and 19, and in the world, this group represents 16% of the total population, and in Brazil this proportion is estimated to be 25%, approximately.[1-2]

Adolescence is defined as a transitional phase between childhood and adulthood, consisting of intense physical, psychological, cognitive, and social changes. During this process the individual is immersed in a universe of bodily, sexual, social and cultural discoveries, seeking means to achieve his autonomy and independence in adult life.[3]

At this moment of intense modifications, development is also acquired by the release of hormones that are going to unleash puberty and the process of sexual maturation, resulting in the appearance of secondary sexual characteristics, like the sprout breast enlargement, appearance of pubic hair, bodily odor, change in voice and in the shape of the body. In this phase, physiological immaturity and incomplete development of the pelvis and uterus are still

present, which signals that the adolescent is not prepared for a possible pregnancy.[4]

Adolescent pregnancy is characterized by several social, economic, psychological and biological implications, and carries with it morbidity and mortality risks since adolescent mothers have greater chances for short-term health complications, adverse social outcomes, unsafe abortion, and sexually transmitted infections (STI), making maternal age an important determinant for gestational risk.[5]

Adolescents who are pregnant have fewer prenatal visits, more absenteeism, more premature births, greater frequency of low-weight newborns, besides social implications such as low school performance or even dropping out of studies, which will lead to difficulties in inclusion in the labor market.[6-7]

Literature suggests that adolescent pregnancy is due to multiple causes that can be justified by the onset of early sexual activity, deficiencies in education regarding sexuality, since this subject is still considered a taboo subject for many families, restriction on the availability of contraceptive methods, lack of adolescent-oriented health services, early menarche, urban lifestyle and some vulnerability factors that are also closely related.[8]

In this context, health professionals play an important role in the prevention of adolescent pregnancy, through multifaceted educational activities that not only promote behavioral changes, addressing from the valuation of adolescent autonomy, their knowledge and experiences, but also disseminating information regarding the use of contraceptive methods and their availability in health services.[9]

Epidemiological data indicate that among the 7.3 million pregnant adolescents in the world, two million are under 14 years of age and the rates of morbidity and mortality reach 70 thousand deaths caused by problems during pregnancy and/or childbirth.[10] In Brazil, between the years 2015 to 2019 there was a total of 2,405,248 pregnant adolescents in the country, with the northeast region the most prevalent, representing 33.7% of this total, followed by the southeast region with 31,7%.[11] The pregnancy rate in adolescents in the country is higher than the world average, in which out of every one thousand adolescents aged between 15 and 19 years, 62 had a delivery.

Therefore, since the number of pregnant adolescents is worrying, mainly because their outcomes are more unfavorable, and since health professionals have an important role in preventing and promoting health, the present study aims to analyze the sociodemographic

profile of pregnant adolescents in Brazil from 2015 to 2019.

Method

This is a descriptive cross-sectional study with a quantitative approach. To survey the data, information from a secondary source was used from the Information Technology Department of the Unified Health System (DATASUS) of the Information System on Live Births (SINASC), and material variables were collected that were of interest for the present research. Data from pregnant adolescents aged 10 to 19 years were analyzed between 2015 and 2019.

Inclusion criteria were adolescents aged 10 to 19 years, Brazilian, who were pregnant in the given period. Data collection took place between August and October 2021. The analysis included sociodemographic variables such as: Age/Age group; Color/Race; Marital status/Marital situation; Maternal Schooling/Education and pregnancy-related: type of pregnancy, type of delivery, place of occurrence, duration of pregnancy and prenatal visits. For the construction of the database, the *Microsoft Excel* program was used, with double typing and subsequent analysis of absolute and relative frequencies (%).

Because this study was based on secondary data from DATASUS, with no individual population identification, and according to Resolution No. 510 of 2016 of the National Health Council, this study did not require an evaluation of the system of the Research Ethics Committee/National Council for Ethics and Research (CEP/CONEP).

Results

From 2015 to 2019, 2,405,248 pregnant adolescents aged 10 to 19 years were registered. Of this total, the majority of pregnancies occurred in girls aged 15 to 19 years (95.2%), brown (65.4%), single (64.9%) and who had 8 to 11 years of education (66.9%), as shown in Table 1.

Table 1 - Distribution of pregnant adolescents according to their sociodemographic variables according to DATASUS. Brazil, 2015 to 2019

Variables		N	%
Age/Age group			
	10 to 14 years	113,483	4.7
	15 to 19 years	2 291 765	95.2
Color/race			
	White	579,332	24.0
	Black	123,491	5.1
	Yellow	7,289	0.3
	Brown	1 574 655	65.4
	Indigenous	36,416	1.5
	Ignored	84,065	3.4
Marital status/Marital situation			
	Single	1 562 505	64.9
	Married	182,251	7.6
	Widow	1,135	0.0
	Judicial separation	2,864	0.1
	Consensual union	626,746	26.0
	Ignored	29,747	1.2
Mother's education/Schooling			
	None	7 200	0.3
	1 to 3 years	41,752	1.7
	4 to 7 years	668,237	27.7
	8 to 11 years	1 609 777	66.9
	12 years or older	39,185	1.6
	Ignored	39,097	1.6

Source: DATASUS, 2021.

Regarding the characteristics of pregnancy, the majority had a single pregnancy (98.7%), lasting 37 to 41 weeks (81.7%), vaginal delivery (61.2%), being the hospital (98,0%) the most prevalent place of occurrence. In relation to the number of prenatal consultations, 57.0% carried out 7 or more, as recommended by the Ministry of Health.

Table 2 - Distribution of pregnant adolescents according to variables related to pregnancy according to DATASUS. Brazil, 2015 to 2019

Variables		N	%
Type of pregnancy			
	Single	2 373 553	98.7
	Double	27,308	1.1
	Triplets or higher	273	0.0
	Ignored	4,114	0.1
Type of delivery			
	Vaginal	1 473 908	61.2
	Cesarean section	928,946	38.6
	Ignored	2,394	0.1
Place of Occurrence			
	Hospital	2 359 176	98.0
	Other health establishment	18,282	0.7
	Domicile	18,932	0.7
	Indigenous village	3,509	0.1
	Other	5,210	0.2
	Ignored	139	0.0
Pregnancy duration			
	Less than 22 weeks	1,728	0.0
	22 to 27 weeks	15,752	0.6
	28 to 31 weeks	30,318	1.2
	32 to 36 weeks	252,647	10.5
	37 to 41 weeks	1 965 360	81.7
	42 weeks or more	84,349	3.5
	Ignored		2.2
		55,094	
Prenatal consultations			
	None	55,215	2.2
	From 1 to 3	227,594	9.4
	From 4 to 6	738,924	30.7
	7 or more	1 371 226	57.0
	Ignored	12,289	0.5

Source: DATASUS, 2021.

As for the distribution of pregnant adolescents by region, Figure 1 shows that between the years 2015 to 2019, the northeast and southeast regions registered the highest numbers, with 33.7% and 31.7%, respectively.

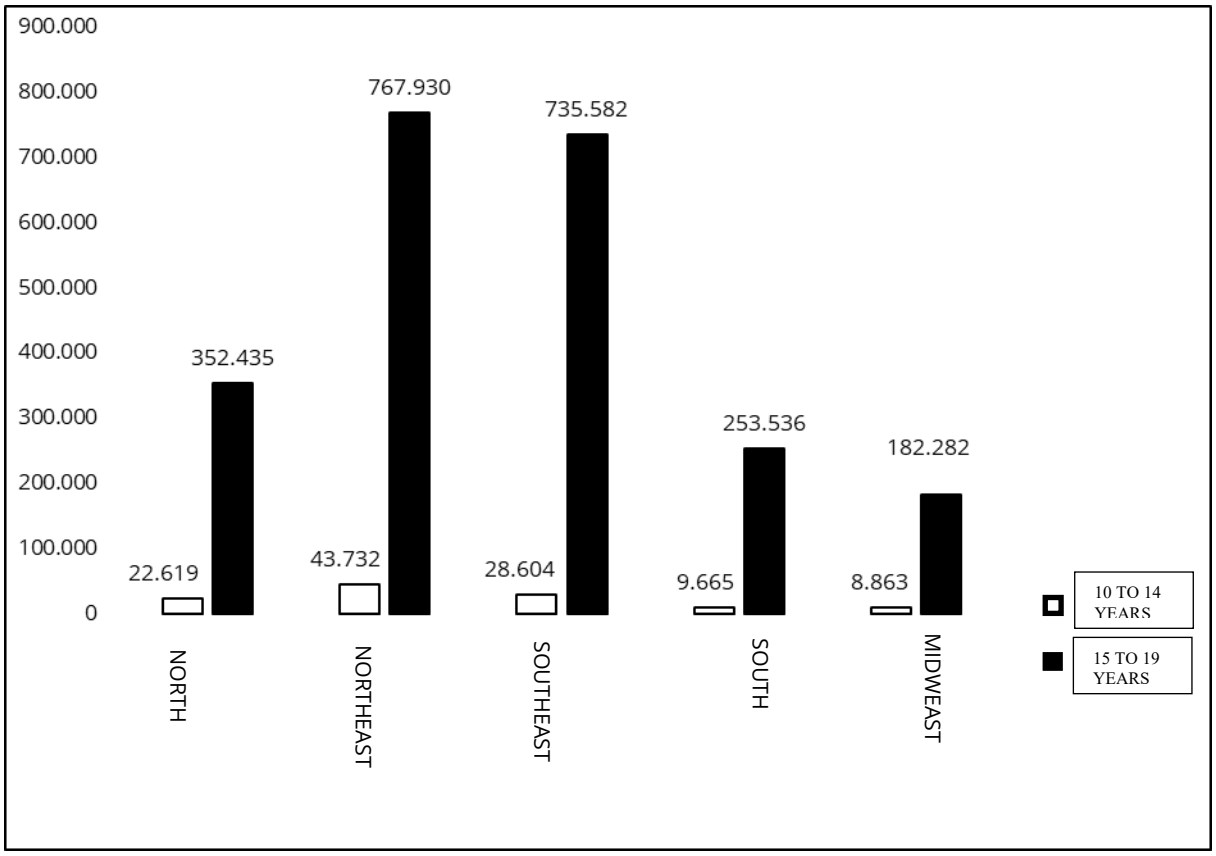

Figure 1 - Number of pregnant adolescents distributed by region according to DATASUS. Brazil, 2015 to 2019
Source: DATASUS, 2021.

Figure 2 presents the temporal distribution of the number of pregnant adolescents, divided by age group in the selected years, showing that adolescent pregnancy has shown a decrease over the years.

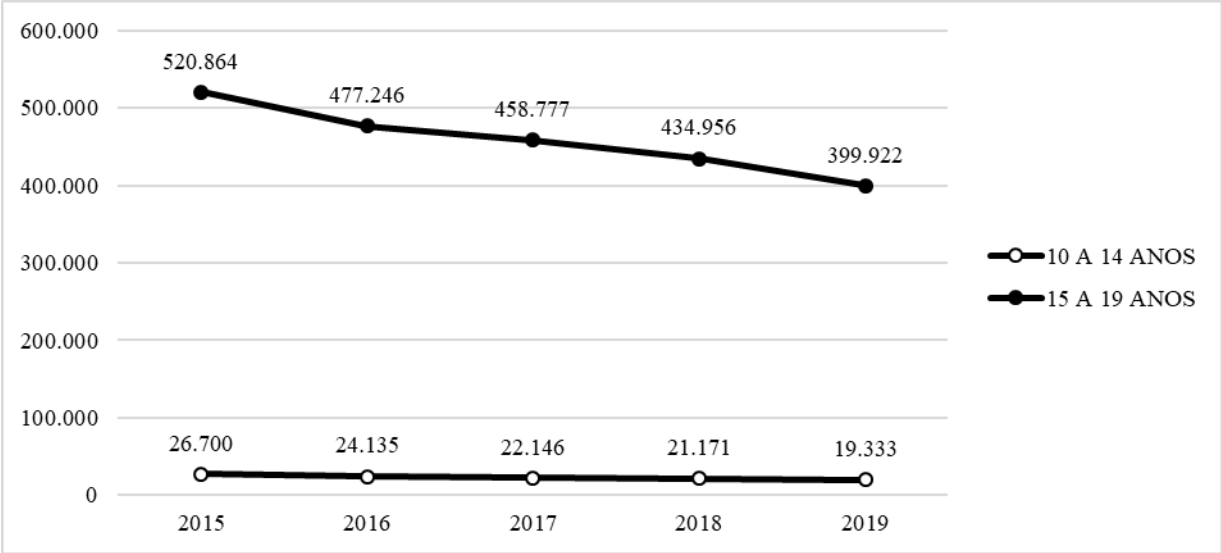

Figure 2 - Temporal analysis of pregnant adolescents per year, divided by age according to DATASUS. Brazil, 2015 to 2019
Source: DATASUS, 2021.

Discussion

Teenage pregnancy is marked by intense challenges, taking into consideration that a pregnancy can have repercussions throughout life. In this context, analyzing the sociodemographic characteristics, this study presented prevalence of higher pregnancy in the age group between 15 and 19 years, corroborating another study, in which 68.5% of pregnant adolescents were between 17 and 19 years old.[13] Although in this age group the adolescent already has biological capacity for reproduction, there is still psychic unpreparedness for sexual and parental exercise, which contributes to an unwanted pregnancy. Besides biological risks, there are also social implications, such as impoverishment of schooling, work and income, contributing to a greater chance of propensity to poverty.[14]

Another relevant data identified in a study in the city of Rio de Janeiro is that one third of these adolescents have a new pregnancy 12 months after their last delivery[15] and most of these were unwanted or unplanned. The "Birth in Brazil Survey" showed that for every 10 pregnant adolescents, seven did not desire pregnancy.[16]

In relation to color/race, most adolescents were brown, based on a survey found in the literature.[17] In addition, a survey conducted in Brazil identified that the colors of brown and black skin were related to inadequate schooling among adolescents, lower number of prenatal visits and late start of care.[18] The same authors[17] also pointed out differences related to the type of service used for prenatal care, in that 93.9% of black adolescents were attended by the services belonging to the Unified Health System (SUS). As to marital status, more than half were unmarried, a fact that validates another study,[19] carried out in Colombia, in which 64.4% of adolescent pregnant women were also unmarried. Often, the construction of a family indicates an improvement in the quality of life, but the marital relationship motivated by an early pregnancy does not imply financial independence.[20]

In terms of years of education, a study found in the literature showed that most adolescents have less than 8 years of schooling,[21] differing from the results of this study. School dropout is due to the difficulty in reconciling studies with motherhood, either by taking care of children or by the difficulty of moving around at night. Abandonment of studies compromises better employment opportunities resulting in a continuous cycle of poor education and poverty.[6] Other authors related the incidence of pregnant adolescents to low schooling, noting

a deficiency in the education system and/or health actions, as far as sexual and reproductive education is concerned.[22]

Faced with this scenario, another study points out that family neglect and poverty are closely related to the vulnerability of adolescents in becoming pregnant being victims of sexual abuse.[23] The repercussions for these victims include, mainly, psychological factors associated with trauma, referring to self-destructive and alarming behaviors. In addition, the low adherence to prenatal care by adolescents becomes a risk factor both for pregnancy and for the favoring of negative repercussions for newborns, such as low percentages in birth weight and 1st minute Apgar.[24]

Considering the variables related to pregnancy, it was demonstrated that the majority of adolescents had a single pregnancy and the type of delivery was vaginal, which corroborated another study.[21] Authors of a study describe the relationship between the type of delivery and low purchasing power, with cesarean delivery being more present in adolescents of high economic class, with presence of clinical history of risks and interoccurrences in pregnancy.[25]

With regard to the place of occurrence, the hospital obtained a higher percentage, agreeing with another investigation.[26] This may be justified by the fact that this health place is prepared to receive women from different social extracts, and it is up to the SUS to offer a support system to all pregnant women.[27] In this perspective, being a high risk pregnancy, the SUS, in its attributions, is prepared to welcome these mothers from basic care to specialized health services such as outpatient clinics and hospitals, keeping itself informed about the evolution of pregnancy and the diligence towards the pregnant woman.

As for the duration of pregnancy, the majority of adolescents went to term, between 37 and 41 weeks. Theoretical models show that events such as hypertension, eclampsia, bleeding, amniotic fluid volume change, diabetes mellitus, and infection in the genital tract have direct effects on gestational age, in addition to other factors such as mother's age, late prenatal onset, and unsatisfactory frequency of visits.[29]

In relation to the number of prenatal visits, in this study, the majority carried out seven or more consultations, which corroborates the recommendations of the Ministry of Health that recommends at least six consultations.[7] Study points out that socioeconomic variables such as low schooling, economic class, alcohol and/or drug use, and unwanted pregnancy negatively influence the frequency of consultations, which directly impacts negative outcomes such as

prematurity.[29] The prenatal care consists of ensuring the good development of pregnancy, aiming at reducing maternal and child morbidity and mortality rates, offering conditions of birth with the least possible negative impact.

From this perspective, it is indispensable that health professionals, and in particular the nurse, understand the meanings of this phenomenon, establishing relationships with humanized care and with the valuation of the adolescent at this moment experienced, from discovery to the puerperium. The development of educational actions in health with these young women, involving the sectors of education and health, could stimulate them to take on safe sexual practices with the possibility of a reduction in the level of unplanned pregnancies. [20]

As a limitation of this study, it is pointed out that the database used does not allow the identification of each individual, which compromises some inferential statistical analyzes (mother's age, duration of pregnancy and prenatal consultation). Faced with this scenario, the data presented in this research demonstrate the importance and contribution of this theme in the area of public health, since it allows managers to know the sociodemographic variables of pregnant adolescents and to develop strategies and actions for minimizing pregnancy in adolescence and prevention of unfavorable outcomes, both for the mother and for the newborn. Although the temporal analysis shows a decrease in the number of pregnant adolescents, attention is needed on the subject, since the data are still worrying, making it important to carry out this and other researches involving the theme.

Conclusion

Adolescent pregnancy is a complex event in which attention to a pregnant woman's health must occur in a biopsychosocial context. In this sense, it is necessary to delineate the sociodemographic profile of these adolescents, since this information makes it possible to know the population under study and its conditions of vulnerability.

From the analysis of the data found in this study, it was possible to identify sociodemographic variables related to early pregnancy, for example, age between 15 and 19 years, being single and having brown skin color. In that respect, this study reiterates that pregnancy in this period is a health problem and should receive attention from managers for characterizing itself as a challenge for public policies, in which the nurse exercises a preponderant role through educational actions, active search and home visits to the adolescent

public.

References

1. World Health Organization (WHO). Maternal, newborn, child and adolescent health and ageing [Internet]. 2021 [cited 2021 Jun 21]. Available from: https://www.who.int/data/maternal-newborn-child-adolescent-ageing/adolescent-data

2. Fundo das Nações Unidas para a Infância (UNICEF). Situação das crianças e dos adolescentes no Brasil [Internet]. Brasília (DF): Unicef; 2019 [acesso em 2021 jun 21]. Disponível em: https://www.unicef.org/brazil/situacao-das-criancas-e-dos-adolescentes-no-brasil

3. Todd N, Black A. Contraception for adolescents. J Clin Res Pediatr Endocrinol. 2020;12 Supl 1:28-40. doi: 10.4274/jcrpe.galenos.2019.2019.s0003

4. Rodrigues LS, Silva MVO, Gomes, MAV. Gravidez na adolescência: suas implicações na adolescência, na família e na escola. Rev Educ Emancip. 2019;12(2):228-52. doi: 10.18764/2358-4319.v12n2p228-252

5. Rosaneli CF, Costa NB, Sutile VM. Proteção à vida e à saúde da gravidez na adolescência sob o olhar da bioética. Physis. 2020;30(1). doi: 10.1590/S0103-73312020300114

6. Leftwich HK, Alves MV. Adolescent pregnancy. Pediatr Clin North Am. 2017 Apr;64(2):381-8. doi: 10.1016/j.pcl.2016.11.007

7. Ministério da Saúde (BR). Instituto Sírio-Libanês de Ensino e Pesquisa. Protocolos de Atenção Básica: saúde das mulheres [Internet]. Brasília (DF): Ministério da Saúde; 2016 [acesso em 2020 mar 07]. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/protocolos_atencao_basica_saude_mulheres.pdf

8. World Health Organization (WHO). Adolescent sexual reproductive health. Brasília (DF): WHO; 2020 [cited 2021 Jun 21]. Available from: https://www.who.int/southeastasia/activities/adolescent-sexual-reproductive-health

9. Ribeiro WA, Andrade M, Fassarella BPA, Lima JC, Sousa MOSS, Fonseca CSG. A gravidez na adolescência e os metódos contraceptivos: a gestação e o impacto do conhecimento [Internet]. Nursing (São Paulo). 2019;22(253):2990-4. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1025678

10. Instituto dos Direitos da Criança e do Adolescente (INDICA). Gravidez na adolescência no Brasil: Vozes de meninas e de especialistas. Brasília (DF): Instituto dos Direitos da Criança e do Adolescente; 2017.

11. Tecnologia da Informação a Serviço do SUS (DATASUS). Informações de saúde: Nascidos vivos [Internet]. Brasilía (DF): Ministério da Saúde; 2019 [acesso em 2021 jun 19]. Disponível em: http://tabnet.datasus.gov.br/cgi/deftohtm.exe?sinasc/cnv/nvMG.def

12. Fundo de População das Nações Unidas (UNFPA). Situação da população mundial [Internet]. Brasilíia (DF): UNFPA; 2019 [acesso em 2021 jun 18]. Disponível em: https://brazil.unfpa.org/pt-br/topics/swop2019

13. Cintra LCG, Araújo AS, Santos MJ, Carneiro SAM, Campos GR, Cozac EE. Panorama do perfil sociodemográfico e cultural da adolescente grávida. Braz J Develop. 2020;6(11):92464-74. doi: 10.34117/bjdv6n11-597

14. Ferreira EB, Veras JLA, Brito SA, Gomes EA, Mendes JPA, Aquino JM. Predisposing causes for pregnancy among adolescents. R Pesq Cuid Fundam. 2014;6(4):1571-9. doi: 10.9789/2175-5361.2014.v6i4.1571-1579

15. Viellas EF, Gama SGN, Theme-Filha MM, Leal MC. Gravidez recorrente na adolescência e os desfechos negativos no recém-nascido: um estudo no município do Rio de Janeiro. Rev Bras Epidemiol. 2012;15(3):443-54. doi: 10.1590/S1415-790X2012000300001

16. Theme-Filha MM, Baldisserotto ML, Fraga ACSA, Ayers S, Gama SGN, Leal MC. Factors associated with unintended pregnancy in Brazil: cross-sectional results from the birth in Brazil National Survey, 2011/2012. Reprod Health. 2016;13(Suppl 3):118. doi: 10.1186/s12978-016-0227-8

17. Santiago RF, Andrade EMLR, Mendes IAC, Viana MCA, Nery IS. Avaliação de objeto virtual de aprendizagem sobre pré-natal para adolescentes grávidas na atenção básica. Acta Paul Enferm. 2020; 33:1-12.

18. Almeida AHV, Gama SGN, Costa COM, Viellas EF, Martinelli KG, Leal MC. Desigualdades econômicas e raciais na assistência pré-natal de grávidas adolescentes, Brasil, 2011-2012. Rev Bras Saúde Mater Infant. 2019;19(1):53-62.

19. Fory JA, Olivera MJ. Caracterización de la población gestante adolescente atendida en el Hospital Militar Central de Bogotá D.C., Colombia. 2012-2015. Rev Fac Med. 2020;68(2):202-6. doi: 10.15446/revfacmed.v68n2.70818

20. Santos RCAN, Silva RM, Queiroz MVO, Jorge HMF, Brilhante AVM. Realities and perspectives of adolescent mothers in their first pregnancy. Rev Bras Enferm. 2018;71(1):65-72. doi: 10.1590/0034-7167-2016-0444

21. Dias BF, Antoni NM, Vargas DM. Perfil clinico e epidemiológico da gravidez na adolescência: um estudo ecológico [Internet]. ACM Arq Catarin Med. 2020 [acesso em 2021 nov 10];49(1):10-22. Disponível em: https://revista.acm.org.br/index.php/arquivos/article/view/596

22. Sousa EZT, Silva CAS, Guimarães FM, Barroso ID, Sousa KLS, Gomes MC, et al. Qualidade de vida de adolescentes grávidas. Rev Eletrônica Acervo Saúde. 2020;12(6):1-10. doi: 10.25248/reas.e3161.2020

23. Cavalcante LV, Raposo JCS, Claudino KA, Santos CFBF, Amorim VCSA. Associação entre gravidez na adolescência e violência sexual. Adolesc Saude. 2015;12(2):89-93. Disponível em: https://cdn.publisher.gn1.link/adolescenciaesaude.com/pdf/v12n2a11.pdf

24. Souto RMCV, Porto DL, Pinto IV, Vidotti CCF, Barufaldi LA, Freitas MG, et al. Estupro e gravidez de meninas de até 13 anos no Brasil: características e implicações na saúde gestacional, parto e nascimento. Ciênc Saúde Colet. 2017;22(9):2909-18. doi: 10.1590/1413-81232017229.13312017

25. Gama SGN, Viellas EF, Schilithz AOC, Filha MMT, Carvalho ML, Gomes KRO, et al. Factors associated with caesarean section among primiparous adolescents in Brazil, 2011-2012. Cad Saúde Pública. 2014;30 Suppl 1:S117-27. doi: 10.1590/0102-311X00145513

26. Silva MCM, Tobias GC, Teixeira CC. Caracterização dos partos e nascidos vivos de mães residentes em município de Goiás, Brasil. Rev Atenção Saúde. 2019;17(61):21-29. doi: 10.13037/ras.vol17n61.5651

27. Castro CM, Azevedo AFP. Narrativas sobre parto domiciliar planejado após parto hospitalar. Rev Fam Ciclos Vida Saúde Contexto Soc. 2018;6(1):53-62. doi: 10.18554/refacs.v6i1.2794

28. Viellas EF, Netto TLF, Gama SGN, Baldisserotto ML, Prado Neto PF, Rodrigues MR, et al. Assistência ao parto de adolescentes e mulheres em idade materna avançada em maternidades vinculadas à Rede Cegonha. Ciênc Saúde Coletiva. 2021;26(3):847-58. doi: 10.1590/1413-81232021263.12492020

29. Pitilin EB, Rosa GFD, Hanauer MC, Kappes S, Silva DTR, Oliveira PP. Fatores perinatais associados à prematuridade em unidade de terapia intensiva neonatal. Texto Contexto Enferm. 2020;30(2020003110):1-13. doi: 10.1590/1980-265X-TCE-2020-0031

30. Balsells MMD, Oliveira TMF, Bernardo EBR, Aquino PS, Damasceno AKC, Castro RCMB, et al. Avaliação do processo na assistência pré-natal de gestantes com risco habitual. Acta Paul Enferm. 2018;31(3):247-54. doi: 10.1590/1982-0194201800036

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