Pregnancy at a Young Age

**Definition/cut-off value**

Conception #17 years of age.

Pregnant Women: current pregnancy
Breastfeeding/Non-Breastfeeding: most recent pregnancy

**Participant category and priority level**

<table>
<thead>
<tr>
<th>Category</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>I</td>
</tr>
<tr>
<td>Breastfeeding Women</td>
<td>I</td>
</tr>
<tr>
<td>Non-Breastfeeding Women</td>
<td>III</td>
</tr>
</tbody>
</table>

**Justification**

Pregnancy before growth is complete, is a nutritional risk because of the potential for competition for nutrients for the pregnancy needs and the woman’s growth.

The pregnant teenager is confronted with many special stresses that are superimposed on the nutritional needs associated with continued growth and maturation.

Younger pregnant women of low socioeconomic status tend to consume less than recommended amounts of protein, iron, and calcium, and are more likely to come into pregnancy already underweight. Pregnant teens who participate in WIC have been shown to have an associated increase in mean birth weight and a decrease in LBW outcomes.

Adolescent mothers frequently come into pregnancy underweight, have extra growth related nutritional needs, and because they often have concerns about weight and body image, are in need of realistic, health promoting nutrition advice and support during lactation. Diets of adolescents with low family incomes typically contain less iron, and less vitamin A than are recommended during lactation.

The adolescent mother is also confronted with many special stresses superimposed on the normal nutritional needs associated with continued growth. Nutrition status and risk during the postpartum period follow from the nutritional stresses of the past pregnancy, and in turn have an impact on nutrition related risks in subsequent pregnancies.

Poor weight gain and low intakes of a variety of nutrients are more common in pregnant adolescents. Therefore, participation in the WIC Program should be of substantial benefit.
References


10/02