Research Article

Journal of Surgery and Surgical Care

Clinical-Epidemiological Characterization of Adolescent Pregnancy: Orlando Matos Mosquera Polyclinic, Years 2022–2024

José Antonio Prego Lamonth[1], Elisa Puentes Rizo[2], Ana Ivis Estrada Casteleiro[3], René Jorge Mena Mujica[4], Pedro Rolando López Rodríguez[5]*, Alejandro Aguilar Puentes[6], Ruben Alfredo Aguilar Puentes[7]

[1]*First Degree Specialist in Comprehensive General Medicine.*

[2]*Second Degree Specialist in Comprehensive General Medicine, Assistant Professor, Master in Comprehensive Care for Women, Associate Researcher.*

[3]*First Degree Specialist in Comprehensive General Medicine. Assistant Professor and Master in Primary Health Care and Medical Education.*

[4]*First Degree Specialist in Comprehensive General Medicine. Assistant Professor and Master in Primary Health Care and Medical Education.*

[5]*First and Second Degree Specialist in General Surgery, Specialist in Aesthetic Medicine and Medical Laser. Assistant Professor, Assistant Researcher and Consulting Professor in General Surgery.*

[6]*First-Degree Specialist in Family Medicine.*

[7]*First-Degree Specialist in Comprehensive General Medicine.*

Received Date: 26 Sep 2026;
Accepted Date: 30 Oct 2026;
Published Date: 16 Nov 2026.

***Correspondence:** Pedro Rolando López Rodríguez, First and Second Degree Specialist in General Surgery, Specialist in Aesthetic Medicine and Medical Laser. Assistant Professor, Assistant Researcher and Consulting Professor in General Surgery, 152 Continental Street, Sevillano, Havana, Cuba.*

Citation: Prego JA, Puentes Rizo E, Estrada Casteleiro AI, Mena Mujica RJ, López Rodríguez PR, et al. Clinical-Epidemiological Characterization of Adolescent Pregnancy: Orlando Matos Mosquera Polyclinic, Years 2022–2024. J Surg Surg Care. 2026; 2(1): 1-6.

ABSTRACT

Introduction: *Adolescence is defined as the period during which a child reaches physical, psychological, emotional, intellectual, and social maturity.*

Objective: *To characterize, from a clinical-epidemiological perspective, pregnant adolescents belonging to the "Orlando Matos Mosqueda" Polyclinic during the 2022-2024 period.*

Method: *An observational, descriptive, cross-sectional study was conducted on the population comprising all pregnant adolescents in the health area in question during the specified period who met the study's inclusion, exclusion, and withdrawal criteria.*

Results: *A total of 79 pregnant adolescents were studied. The predominant age range was 17-19 years (n = 43). Pre-university education accounted for 43.03% of the group. Regarding relationship status, 50.6% were classified as "accompanied" but without a stable bond with their partner or the father of the fetus. Housing conditions were rated as "fair" for 54.4%. Prenatal care initiation was classified as "early" in 75% of cases. Preterm births accounted for 29%. Normal weight was the predominant nutritional status (61%), and 50.5% maintained adequate weight gain until the end of the pregnancy. The most frequent associated pathology was vaginal sepsis (25%).*

Conclusions: *The predominant maternal age was 17-19 years. Among the main maternal risk factors associated with adolescent pregnancy, normal weight status (with a tendency toward excessive weight gain) predominated, and the most frequent pregnancy-associated condition was vaginal sepsis.*

Keywords: *Adolescence; Pregnancy, Prematurity; Primary care.*

Introduction

The construction of adolescent motherhood has been shaped from different perspectives, largely dependent on prevailing social factors, and is therefore conceived as a social and public problem. Continuous political, economic, and cultural transformations, such as the gradual liberation of gender roles, the increasing participation of women in the public sphere, the massification of education, changes in family dynamics, and the objectification of adolescence as a transitional period, have contributed to making adolescent motherhood visible as a recent problem that must be addressed through public policies (Llanes, 2012) [1].

Human development as a species depends fundamentally on the aptitude and potential capacities of our children. There is growing evidence that early detection and intensive, specialized care of newborns will reduce the incidence of disabling injuries and neonatal morbidity and mortality rates [2].

In ancient times and in cultures such as the Roman (445 BC), marriage at early ages was practiced; the age for marriage was related to puberty, men at 14 years old (to be pubescent) and women at 12 (virile potens, "that could bear a man"). Marriage before physical development was complete meant premature death during childbirth for many young Roman women, as well as other associated complications [3].

The WHO defines adolescents as people aged 10 to 19 and specifies that adolescent pregnancy is that which occurs within two years of gynecological age (gynecological age = age of menarche) and/or when the adolescent remains totally socially and economically dependent on the parental family; other accepted terms are: early, premature, unplanned, or unwanted pregnancy [4].

In 2003, the WHO established the celebration of "World Day for the Prevention of Unplanned Pregnancy in Adolescents" every September 26th since 2003, with the objective of raising awareness so that young women know about contraceptive alternatives and make informed decisions about their sexual and reproductive health [3,4].

In Cuba in 1973, 22 out of every 100 births were to mothers under 20 years of age. In recent years, partial studies show that the proportion of adolescent mothers has continued to increase, accounting for half of all births [5,6].

In addition to the adverse repercussions and influence that pregnancy can have on an adolescent, from a biosocial perspective, it has a negative impact on the children, since approximately 6% of children born to women under 15 years of age die in their first year of life, a figure 24 times higher than that of older women [6].

Adolescent pregnancy and motherhood is a problem that worries societies, both because of its frequency and because of the effects it has on the mother. The child of an adolescent mother has a higher probability of death, low birth weight, and malnutrition [7].

Low birth weight is identified as a frequent determinant of neonatal morbidity and mortality, which is why it is considered a public health problem in developing countries. Therefore, newborns with low birth weight born to adolescent mothers are considered high-risk and require more rigorous follow-up [8].

Adolescent pregnancy is a significant health problem recognized by the World Health Organization (WHO) and the international community, as exemplified by the alarming statistics published worldwide. The global adolescent pregnancy rate is estimated at 46 births per 1,000 girls, while adolescent pregnancy rates in Latin America and the Caribbean remain the second highest in the world, estimated at 66.5 births per 1,000 girls aged 15 to 19 [9].

Approximately 16 million girls aged 15 to 19 and about 1 million girls under 15 give birth each year. Complications during pregnancy and childbirth are the second leading cause of death among girls aged 15 to 19 worldwide. Currently, the estimated world population is 6.09 billion, of which 17.5% are individuals aged 10 to 19; of these, 10% become pregnant, which is equivalent to 10% of all births worldwide. This means that approximately 16 million women aged 10 to 19 give birth each year [9].

With the aim of addressing this problem, Cuban health specialists are working to continue perfecting the National Comprehensive Health Care Program for Adolescents, which has existed since 2000, as well as improving the health promotion and education work carried out by family doctors and nurses in the community.

Within the framework of public health in Cuba, the family doctor plays an important role in the care of adolescents, as well as in the survival and development of their children. Obstetric care for these young women, expectant mothers, combined with teamwork among physicians, including psychologists and social workers, helps to foster appropriate social behavior in adolescents and provides care for the physical, emotional, and social aspects that shape their personality [10].

The main objective of our study is to characterize, from a clinical and epidemiological point of view, pregnant adolescents belonging to the aforementioned Polyclinic during the indicated period.

Method

An observational, descriptive, cross-sectional study will be conducted at the "Orlando Matos Mosqueda Polyclinic" in the municipality of Arroyo Naranjo, Havana, during the period 2022–2024, to perform a clinical-epidemiological characterization of pregnant adolescents. The study population will consist of 79 adolescents belonging to the two working groups of the "Orlando Matos Mosqueda" Polyclinic during the period 2022–2024 who met the following criteria:

Inclusion criteria

- Age between 10 and 19 years.
- Agree to participate in the study, an attitude that must be expressed by signing the informed consent.

Exclusion criteria

- Having an unstable residence in the territory involved in the study.
- Having a mental disability that prevents them from performing adequately in the study.

Induction-Deduction: This will facilitate the classification of the processes of reading and interpreting theoretical and empirical data, in order to arrive, following the logic of scientific thought, at generalizations and conclusions.

Historical-Logical: This will enable the approach to the theoretical references of the topic and the analysis of the different criteria consulted from other authors with an approach adjusted to the time and place of their publication and to the corresponding level of scientific and technical development.

Analysis-Synthesis: This will allow the object of study to be broken down into its parts and qualities in order to identify the core focus of the research. Once developed, this core will enable the reconstruction of the object of study in a contextualized manner, tailored to the needs of clinical practice and training.

Documentary Analysis: This will allow the theoretical framework of the research to be established, enabling the consultation of research and writings by different authors on this topic, including books, journals, monographs, regulatory documents, regulations, theses, master's and doctoral dissertations, among other sources, as well as the compilation and review of existing materials in digital format, in both Spanish and English.

Questionnaire: This will be designed by the researcher and administered to the patient during a consultation or in the field to collect descriptive statistics: calculation of absolute frequencies, percentages, arithmetic mean, standard deviation, and ratios. Statistical tables will be created. Other data of interest to the study will also be gathered.

The research will be conducted with due respect for the integrity of the individuals, their autonomy and anonymity, using the informed consent of the patient signed by her to obtain her authorization to participate in the study. Written consent was requested from the institution, ensuring the reliability of the information.

Results

Analysis of the Results

Table 1: Distribution of pregnant adolescents according to maternal age.

Maternal Age	No.	%
10–13	1	1.2
14–16	35	44.3
17–19	43	54.4
Total	79	100

Source: Department of Statistics, Orlando Matos Mosqueda Polyclinic, and obstetric clinical histories.

This table shows that the predominant maternal age was 17–19 years, with 43 pregnant women, accounting for 54.4%.

Table 2: Distribution of pregnant adolescents according to educational level.

Schooling	No.	%
Primary	1	1.2
Secondary	29	36.7
Pre-university	34	43.03
University	15	18.9
Total	79	100

Source: Obstetric clinical records.

The educational level influences women's knowledge of the need to provide perinatal care and appropriate feeding. In this result, the pre-university level predominated among the patients, accounting for 43.03%.

Table 3: Distribution of pregnant women according to marital status.

Marital status	No.	%
Single	26	32.9
Married	3	3.7
Divorced	0	0
Accompanied	40	50.6
Total	79	100

Source: Obstetric medical records.

In the study in question, the predominant group among pregnant adolescents was those who did not maintain a stable relationship with their partner or the father of the conception, classified as accompanied and representing 50.6%, for a total of 40.

Table 4: Distribution of pregnant adolescents according to housing conditions.

Housing conditions	No.	%
Good	23	29.1
Fair	43	54.4
Poor	13	16.5
Total	79	100

Source: Obstetric medical records.

Table 4 shows the characterization of housing conditions as good, fair, and poor, with pregnant women with fair housing conditions predominating in the study, totaling 43 and representing 54.4%.

Table 5: Distribution according to the time of gestation at recruitment.

Classification	No.	%
Early	59	29.1
Intermediate	43	54.4
Late	13	16.5
Total	79	100

Source: Statistics Department of the Orlando Matos Mosqueda Polyclinic and Municipal Health Department.

The National Group of Gynecology and Obstetrics, in its Manual of Diagnostic and Treatment Procedures in Obstetrics, establishes that prenatal care will be early, periodic, continuous, complete, monitored, comprehensive, regionalized, team-based, and with the active participation of the community. Each pregnant woman will receive an average of 10 prenatal checkups.

- Early detection: up to 12.6 weeks of gestation.
- Intermediate recruitment: when it is carried out between 12.6 and 20.6 weeks.
- Late capture: when it is performed above 20.6 weeks.

Table 5 shows the classification of capture according to gestational age, which was predominantly early capture, with 59 cases (75%), facilitating adequate prenatal care.

Table 6: Distribution according to gestational age at birth.

Gestational Age	No.	%
< 37 weeks	23	29
37–42 weeks	49	62
> 42 weeks	7	9
Total	79	100

Source: Newborn medical records.

Table 6 shows that 29% of all adolescent pregnancies resulted in preterm births, that is, births before 37 weeks. And 49 (62%) of adolescent pregnancies occurred between 37 and 42 weeks of gestation. Gestational age is another predictive indicator of survival.

Table 7: Distribution according to nutritional status at intake.

Nutritional assessment	No.	%
Appropriate weight	48	61
Low weight	9	11
Overweight	17	21
Obese	5	7
Total	79	100

Source: Statistics Department, Orlando Matos Mosqueda Polyclinic, and obstetric medical records.

Distribution of low weight according to nutritional status at intake. This table shows us that the predominant nutritional assessment was normal weight, with a total of 48 pregnant women, accounting for 61%.

Table 8: Distribution according to overall weight gain.

Weight gain	No.	%
Appropriate	40	50.6
Insufficient	18	11.4
Excessive	21	26.6
Total	97	100

Source: Obstetric medical records.

This table shows that the highest percentage of pregnant women had adequate weight gain, at 50.63%.

Table 9: Distribution according to pregnancy-induced pathologies.

Induced pathologies	No.	%
Pregnancy-induced hypertension (PIH)	13	20.9
Gestational diabetes (GD)	7	11.3
Urinary sepsis	8	12.9
Vaginal sepsis	20	32.3
Anemia	14	22.6
Total	62	100

Source: Obstetric clinical records.

Table 9 shows the pathologies associated with pregnancy in adolescent mothers, with vaginal sepsis predominating at 20 cases (32.3%). Vaginal infections are currently one of the main pathologies in adolescent pregnancy; hence, the importance of their proper diagnosis and follow-up to reduce the incidence of these conditions and their impact on the birth of malnourished newborns.

Discussion

The discussion of the results obtained shows that pregnancy in adolescents is a condition that has varied implications for the lives of adolescent girls. Its effect is not always uniform, nor is it statistically relevant in all aspects.

Regarding maternal age, the consulted literature suggests that in adolescent mothers, the reproductive organs are not yet fully developed, and the greater demands they have for continued growth and development result in newborns with a lower birth weight than mothers aged 20 or older. Maternal age under 18 increases health risks for both mother and child, as the necessary bio-psycho-social maturation has not yet been completed. Therefore, it is part of the risk present in Cuban society. We consider it necessary to emphasize educational initiatives from the earliest ages to continue reducing unwanted pregnancies during this period of life [11].

Globally, adolescent pregnancy rates are increasing, particularly in developing countries, leading to negative effects on the biopsychosocial well-being of adolescent girls and their families. The objective is to determine the association between adolescent pregnancy and individual, family, and social factors [12-14].

The impact of adolescent pregnancies begins with risks to the health of the mother and her child, and these risks are greater the younger the pregnant woman is, the lower her social and economic conditions, and the less adequate her healthcare is, which is a determining factor in subsequent maternal psychosocial development [15].

Adolescent pregnancy (AP) is a global public health problem that affects the physical and emotional health, as well as the educational and economic status of expectant parents; it also frequently affects the unborn child [16].

Adolescent pregnancy constitutes a priority public health problem with serious socioeconomic implications. The objective of this study was to describe the factors associated with early pregnancy

according to the perceptions of high school students in educational institutions in the city of Concepción, Paraguay, in 2025. It concludes that there is a high demand for comprehensive prevention strategies and insufficient social support for pregnant adolescents, which requires urgent multisectoral intervention [17,18].

The overall objective of this work is to analyze the psychosocial impact of unplanned pregnancy in adolescence through a case study. The specific objectives are: 1) to describe the family structure and dynamics during and after the unplanned pregnancy; 2) to analyze their life projections and expectations after the pregnancy; and 3) to identify the factors that influenced their pregnancy. It is concluded that it is important to specifically analyze the determining role of risk factors that increase the vulnerability of adolescent pregnancy, particularly in this case referring to drug use, which, in addition to endangering the life of the adolescent and the newborn, significantly affects the biopsychosocial and spiritual spheres [19,20].

Mazacón Roca BN [21] and collaborators point out that social factors played a determining role in the occurrence of teenage pregnancy. The lack of family and partner support, the absence of sex education in the family environment, and the existence of a maternal history of early pregnancy reveal a precarious socio-emotional environment that fosters risky sexual behaviors. In the economic sphere, it was established that adolescents with low educational levels and unfavorable socioeconomic conditions have a higher risk of early pregnancy [22,23].

Pregnant adolescents presented important characteristics, mainly early initiation of sexual activity and low use of contraceptive methods. In addition, rural origin and first pregnancy predominated, highlighting the need to strengthen strategies for sex education, prevention of teenage pregnancy, and timely access to reproductive health services [24].

The research identified that teenage pregnancy in the studied population occurs mainly among adolescents from rural areas, with early initiation of sexual activity and low use of contraceptive methods, factors that continue to influence the persistence of this problem. Furthermore, it was evident that, although most adolescents attended prenatal checkups and did not experience serious complications, conditions such as anemia, urinary tract infections, and hypertensive disorders persist, posing significant risks during pregnancy [25,26].

The reviewed studies show that risk factors manifest at individual, family, and community levels, underscoring the need for intersectoral strategies that link health, education, and social protection systems in a coordinated manner. The high incidence of adolescent pregnancy in Latin America, particularly in countries like Ecuador, highlights the urgent need to implement sustainable public policies aimed at empowering adolescents and promoting gender equality. The recorded maternal and fetal complications, along with the long-lasting socioeconomic effects, support the importance of prioritizing resources and evidence-based prevention programs. In this regard, the effective prevention of adolescent pregnancy requires a comprehensive approach that recognizes this stage of human development as a crucial moment for strengthening informed decision-making capacities regarding sexual and reproductive health [27-29].

Gestational age is another predictive indicator of survival. Premature birth predisposes infants to extrauterine adaptation problems, increasing the risk of death [30]. It is estimated that between 4 and 9% of children are born before 37 weeks of gestation, contributing to 75% of perinatal mortality [31].

In developing countries, one of the conditions for adolescent pregnancy is overall weight gain during gestation. Research suggests that mothers with insufficient weight gain are more likely to experience morbidity related to low birth weight, intrauterine growth restriction (IUGR), and prematurity [32]. Some authors found a relationship between vaginal infections, especially if they occur between 24 and 28 weeks, causing a greater risk of spontaneous preterm births and consequently low birth weight newborns [32].

Conclusion

The predominant maternal age within the adolescent range was 17–19 years, which corresponds to the late adolescent stage, with a pre-university level of schooling. The housing conditions were mostly fair, and the predominant marital status was neither a stable union nor marriage. The predominant time of gestation at recruitment was early, and the gestational age at birth was between 37 and 42 weeks.

Among the main maternal risk factors related to pregnancy in adolescence was nutritional status, with normal weight predominating but with a tendency towards excessive weight gain, and the most frequent pregnancy-related disease was vaginal sepsis.

Conflict of interest and Funding

The author declares no conflict of interest and received no specific funding for this work.

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