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THE CONTRIBUTION OF THE SOCIAL WORKER IN SUPPORTING MINOR MOTHERS ASSISTED IN THE EMERGENCY RECEPTION UNIT OF ALBA IULIA

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ABSTRACT: *The topic of minor mothers is essential to protect the health and well-being of young mothers and their children, to ensure access to education and economic opportunities, to combat marginalization, and to implement effective public policies that support these young women in their development. This paper aims to highlight the essential role that the social worker plays in emergency reception units (ERU) in their relationship with pregnant minors and young mothers. This vulnerable group often faces a range of socio-economic and psychological challenges, and the intervention of the social worker is crucial in assessing the needs of these patients and establishing a beneficial path forward. The presence of pregnant teenagers or young mothers in the ERU brings a series of medical, psychosocial, and legal challenges that require a sensitive and specialized approach. The social worker acts as a mediator between the minor patient, the medical team, and relevant authorities, with the role of ensuring the protection of her rights, providing counseling and emotional support, and facilitating access to appropriate social assistance services. In this context, the paper outlines the responsibilities of the social worker and the importance of collaboration with the multidisciplinary team, as well as the role of social interventions within the ERU in the reintegration process of these teenagers into the community. It analyzes the challenges faced by young mothers, including social stigma and lack of resources, and highlights effective intervention strategies such as prenatal education and the encouragement of open dialogue. Additionally, it addresses specific challenges and the need for ongoing professional training to effectively handle the delicate and complex situations encountered in daily ERU practice.*

Keywords: *adolescent; abandonment; consensual union; stigmatization; vulnerability;*

Introduction

The contribution of the social worker in the Emergency Department (ED) in supporting pregnant minors and young mothers is essential and focuses on several key areas, having a significant impact on their well-being, both in the short and long term. This involves a multidisciplinary approach, specific interventions, and empathy for the particular needs of minors.

From the perspective of the social worker working in the Emergency Room Unit in Alba Iulia, directly involved in working with minor mothers, several aspects of the vulnerabilities faced by this social group can be highlighted.

One of the main issues faced by underage mothers is the lack of emotional and social support, which may be caused by the stigma associated with pregnancy and motherhood at a young age. Young women may face criticism, leaving them feeling lonely and isolated, which can trigger depression and anxiety. An important aspect is the proper education and information provided to adolescent mothers regarding pregnancy, childbirth, and child care. Young mothers may have limited knowledge about sexual and reproductive health and may struggle to access information and health services. A relevant example in this regard would be research on underage mothers within the Roma population, which involves exploring specific customs and traditions that influence these young women's experiences. In Roma communities, early marriage is a traditional practice that can lead to early pregnancy. In such cases, the extended family plays a central role, providing emotional and material support to young mothers. Therefore, studying underage mothers within the Roma population requires a culturally sensitive and adapted approach, although it often operates at the edge of the law.

This paper can contribute to the development of effective, specific interventions tailored to underage mothers by identifying and addressing

their psychosocial needs, ensuring appropriate support, and collaborating with a multidisciplinary team (doctors, nurses, psychologists). Thus, the information obtained can be used to develop support programs that better address the needs of this vulnerable population. This study aims to identify the main risk factors associated with the phenomenon of adolescent mothers, enabling social workers to intervene and provide adequate support to reduce the abandonment of children in healthcare facilities and to raise awareness among underage mothers and their families about the social and economic challenges they face. Social reality reveals that there are cases where underage mothers do not receive proper medical care during pregnancy and after childbirth (unmonitored pregnancies), due to both a lack of information and social and/or financial barriers. This can lead to medical complications that could have been prevented through access to appropriate healthcare services in the community. Most adolescent mothers also face the lack of stable housing.

In my professional activity, I have observed that some of these young mothers are accompanied by the mothers of their partners, whom they already refer to as "mothers-in- law," despite not being of legal age to marry. This situation can lead to crises, such as legal actions that the minors' parents might take to remove them from an environment deemed unsuitable for their child.

This research aims to be useful not only to students specializing in social work but also to professionals in public and private socio-medical services.

Concepts, Definitions, Theories

In many countries around the world, pregnancies among minors represent a widespread issue. Although sexual education programs have been implemented, recent data reveal a paradox: the number of young girls becoming pregnant continues to rise.

Radu et al. [2022] indicate that births from adolescent mothers account for 10% of all births worldwide and are responsible for 23% of maternal mortality. Pregnancy at a young age is the leading cause of death for girls aged 15 to 19, with 90% of these deaths occurring in low-income countries, most of which could be prevented. In Romania, the birth rate among adolescents is steadily increasing, ranking first in the European Union in terms of the number of children born to mothers under 15, the majority of whom come from poor families that are unable to ensure proper pregnancy monitoring, often leading to the birth of premature babies.

The transition to motherhood represents a major change in a woman's life, involving increased vulnerability and significant challenges. These difficulties are amplified for young mothers, and the study shows that adolescent mothers experience a greater burden during the transition to motherhood, as they become mothers without having the necessary skills and resources to manage a pregnancy at an early age [Erfina et al., 2019; Gordon, 2020]. Pregnancy among adolescents is a significant global issue.

The adverse effects vary depending on the studied population, but concerns are raised about premature births and low birth weight, as well as a higher rate of cesarean sections [Karata li et al., 2016].

In the absence of sanctions applied to parents for limiting children's access to education, Romania faces a high rate of pregnancies among adolescents compared to other European countries [Iorga et al., 2021]. The authors of this study, conducted between 2015 and 2017, aimed to assess the level of knowledge and opinions about sexual education and issues related to sexuality from the perspective of adolescent mothers aged between 13 and 18. The participants were mothers of adolescents hospitalized in a pediatric clinic, with the goal of identifying to what extent they could provide sexual education to teenagers and to gather their opinions on this matter.

The school, as an institution that promotes values and models, should find an optimal balance to better adapt to individual, family, and social needs in order to promote healthy sexual behavior for the new generations [Iorga et al., 2021].

Kumar et al. [2018] and Kimmel [2020] found in their studies that pregnant adolescents have multiple needs, ranging from primary social support, which should come from their mothers, extended family, and adolescent partners, who often provide minimal support in raising the child, to the support offered by social workers in healthcare and by specialists in the socio-medical field within the community. The studies particularly highlight the mental health experiences and challenges of these adolescent mothers, who often face marginalization, lack of emotional support, and limited access to medical care.

Data from a study conducted in five East African countries found that early and unintended pregnancies among adolescents are closely linked to education level, family wealth, and family structure [Wado et al., 2019]. The authors state that pregnancy at a young age leads to school dropout, thus reducing economic opportunities. In addition to this socio- economic disadvantage, a family with a dysfunctional dynamic is often associated with adolescent pregnancies. The parent-child connection, parental supervision, and the way parents approach sexual activity reduce the risk of pregnancies among minors by delaying the first sexual experience or promoting the use of contraceptive methods.

The mechanism that connects poverty to pregnancy is complex, but the literature provides multiple explanations. Poverty can limit access to education, and poor families may face difficulties in purchasing textbooks or paying school fees. As a result, young people may be forced to drop out of school and enter the workforce to earn money and help support their family [Mihai et al., 2015].

A cross-sectional study conducted on adolescents who gave birth between August and September 2017 at a hospital in Bucharest shows that there may be links between young patients who become pregnant at an early age and certain risk factors such as substance abuse, alcohol misuse, excessive smoking, insufficient education, and lack of medical care to identify pregnancies in young women under the age of 18. This results in a high percentage of cesarean deliveries, particularly among patients over 17 years old, with smoking being the most common risk factor, followed by alcohol consumption and the use of harmful substances (Dimitriu et al., 2017).

In his paper, Hadley [2020] focuses on the strategy adopted by England in 1999 to reduce the high rates of teenage pregnancies. It is one of the few long-term successful programs coordinated by the national government and implemented at the local level. Between 1998 and 2018, this strategy successfully reduced the teenage pregnancy rate by 64%. The analysis discusses the importance of supporting young people in delaying early pregnancies, presenting evidence on the prevention of teenage pregnancies as a consequence of inequalities in health and education. Cultivating young people's knowledge through sexual and relational education, as well as facilitating access to youth-friendly programs, helps them delay the start of sexual activity and use contraceptive methods to avoid unwanted pregnancies.

According to the World Health Organization (2018), every year, 21 million girls aged 15 to 19 and 2.5 million minors under the age of 16 become mothers globally. In disadvantaged rural areas of Romania, the average age at which adolescents become mothers is 16, and the age at the second birth is 18. Given that pregnancies at young ages can have a significant impact on the health of adolescent mothers and their children, a sociological study conducted by Save the Children Romania shows that two out of five pregnant adolescents have not undergone the recommended pregnancy tests due to limited access to medical services and insufficient financial resources [Save the Children Organization, 2024].

Nkhoma et al. [2020] showed that the empowerment of girls has a positive impact on reducing teenage pregnancies, with education playing a crucial role in this, whether it was formal education or education provided through healthcare services offered at family planning clinics. Community support has proven essential in their development, influencing interactions with parents and certain cultural practices. Access to contraceptives and compulsory schooling have contributed to the reduction in the number of pregnancies among adolescents.

Sexual education helps adolescents acquire basic knowledge that assists them in developing decision-making skills regarding their reproductive lives [Denwigwe, 2018; Costin, 2021].

Teenage pregnancies are largely unplanned, due to the reluctance of young people to use contraceptive methods, low levels of education, and limited access to resources, within a socio-economic context characterized by many deficiencies, low levels of schooling, and limited family support. These factors are reflected in the emotional state of adolescent mothers, who often experience anxiety [Mihalcea et al., 2023]. The lack of family support, as well as certain medical check-ups and tests that can identify potential issues for both the mother and the child, represent another risk factor for this vulnerable group and can lead to consequences such as premature birth, anemia, malformations, and disabilities [Mihalcea et al., 2023; Chavez, 2024].

In Romania, the majority of minor mothers are of Roma ethnicity, as they marry at a young age,

often without legal grounds, following the customs of their community. Education is different, and the large number of children and the low divorce rate are specific characteristics of these groups [Radu et al., 2022].

Motherhood among adolescents in Romania comes with many challenges, as a result of the risk factors they face, from the family environment of the mother to inadequate prenatal care, which affects the mother's health and causes developmental issues for the child [Mihalcea et al., 2023]. It is also highlighted that minor mothers have a low level of education, and in the case of young Roma mothers, a high level of illiteracy is identified, which means a lack of information or access to resources regarding contraception.

The review of the specialized literature regarding the main factors influencing teenage pregnancies highlights the study by Fontoura-Matias et al. [2024], which emphasizes the essential role of medico-social support in addressing the needs and vulnerabilities of the mother, father, and child triad, with the aim of preventing abandonment, postpartum depression, and repeated pregnancies. It also mentions the significant connection between teenage pregnancies and long-term mental health issues, with minor mothers being more likely to report episodes of anxiety, substance abuse or depression.

A study conducted in Ghana, in the Volta region, by Morgan et al. [2022] regarding the impact of motherhood on educational levels, reveals that teenage pregnancies represent a sensitive social issue as they undermine educational development, being associated with school dropout to care for the child. Minor mothers who become pregnant are more prone to dropping out of school, and adolescents who drop out of school are more likely to experience subsequent pregnancies [Gatbonton, 2021].

Motherhood during adolescence creates unfavorable conditions for young girls, ranging from societal stigma, neglect from parents, school dropout, the occurrence of other unplanned pregnancies, to the limitation of future opportunities [Morgan et al., 2022].

Examining the factors that predispose adolescents to pregnancy, Morgan et al. [2022] showed that poverty is the main determining factor in young mothers' pregnancies, with most dropping out of school, which places them at a disadvantage in terms of education and the development of human potential. Thus, the authors suggest eliminating the obstacles that prevent them from returning to school, such as marginalization, by raising public awareness. Additionally, policies are needed to support the development of the agricultural sector to revitalize the economic activities of the population, as poverty has been found to be a key factor contributing to adolescent pregnancies in that area.

This type of social vulnerability represents a significant issue that social workers face, as they must find innovative solutions to support the interests of children and adolescent mothers worldwide.

Odrowąż-Coates and Kostrezewka [2021], in a study conducted in Poland, contribute to demystifying the Polish perspective, which presents teenage pregnancy as characteristic of poor and uneducated social groups. There are young mothers who plan their pregnancies and do not always come from disadvantaged backgrounds or contexts, with the family often being the main source of support, and who associate pregnancy with a sense of fulfillment alongside their partner. In the same paper, the authors mention that adolescent mothers stated that motherhood made them stronger, gave meaning to their lives, and provided the strength to resist stigmatization with the help of a family member, social worker or their partner.

Although initially hesitant due to public prejudices against social workers, young mothers appreciated the support and help received during pregnancy and in the early years of their child's life [Odrowąż-Coates & Kostrezewka, 2021].

Doroftei et al. [2020], in a study conducted over 11 years, highlight that Romania has the highest proportion of pregnancies among adolescents in Europe. Although there has been growing concern for women's health recently, the Church and Government often exert conflicting influences.

As a result, even though Romanian legislation allows abortion up to 14 weeks of pregnancy, the procedure is hindered by discrimination and the limited number of clinics available for such interventions. The study concludes that young mothers do not possess a consistent set of knowledge regarding the risks they expose themselves and their children to [Doroftei et al., 2020].

The literature often addresses adolescent pregnancy as a public health issue, with insufficient evidence to support the idea that maternity at this age poses significant risks to the health of both the mother and the child, especially if the pregnancy occurs between the ages of 15 and 18. It refers to preterm births and associated problems, which are more common in children born to adolescent mothers compared to those born to adult mothers [Nanu et al., 2021]. School dropout, childbirth, and societal stigma make it difficult for adolescent mothers to complete their studies, creating a range of vulnerabilities from economic, social, and health perspectives for both the mother and the child, as argued by the same authors in their research.

Nanu et al. [2021] argue that expanding the analysis of policies by evaluating disparities in health, social assistance, and access to educational services through multidisciplinary collaboration and a multi-perspective approach, including sexual education, helps improve community awareness of specific needs and provides services suited to the psycho-emotional profiles of young mothers. Most adolescent mothers come from Roma communities, where partners are chosen by the family; these partners are minors, uneducated, and belong to various clans that earn a living through dishonest means. The minors are "promised" based on traditions and customs, becoming mothers around the age of 13, and by the age of 19, they may already have two or three children.

There is also a group of adolescents who, despite being educated, become mothers accidentally, lacking the necessary knowledge on how to prevent pregnancy. These cases are usually reported by social workers in hospitals, and to prevent them, complex interventions are required, involving multiple fields such as education, healthcare, and social assistance to be effective.

Romania continues to face the problem of child abandonment in hospitals and their institutionalization. A study conducted by a group of Romanian researchers highlighted the main resilience factors that can help single minor mothers raise their children, even if they face financial difficulties and struggles with family reintegration. Key factors in preventing abandonment include financial independence and the involvement of extended families in the mother-child couples' lives. If adolescent mothers manage to establish a satisfactory relationship with their parents, as well as find a job and learn to manage their finances effectively, they will keep their children even after leaving the maternity center [Popescu & Mocanu, 2024].

Adolescent pregnancy involves medical and psychosocial risks, such as school dropout, stress, societal marginalization, and emotional disorders. However, an important protective factor is social support, which has been proven to be effective in improving emotional skills [Mantescu et al., 2021].

From a legal perspective, in Romania, cases of sexual abuse against minors continue to be treated as a secondary issue, with the context in which these acts occur being superficially analyzed. This leads to a milder legal classification and, consequently, a minor punishment [Georgescu, 2021]. Article 220, paragraph 2 of the Criminal Code allows an act of sexual abuse against a minor to be classified as "Sexual act with a minor," regardless of how young the victim is. This raises the question of whether it is possible to consider that a minor could consent, regardless of age, to the sexual act in such a way that it would not be classified under the situations provided in Article 218 of the Criminal Code [Rape]. In the author's opinion [2021], context is important because sexual abuse is not a singular action, but a gradual process in which the perpetrator creates a trap for the victim over time, infiltrates the child's world, develops a relationship with them or/and their family, tries to maintain their silence, and avoids the discovery of the crime they committed.

In criminal law doctrine, it is mentioned that sexual acts with a minor represent a form of abuse committed by an adult or adolescent with the purpose of obtaining sexual satisfaction, which can cause the minor multiple psychological issues such as the onset of depression, difficulties in communication and adaptation in various environments, and challenges in relating to others. Many of these cases are not reported due to pressure from the perpetrator, lack of protection, or other reasons [Dobre, 2024].

Overall, studies conducted both nationally and internationally show that the issue of teenage motherhood is a complex one, influenced by socio-economic, cultural, and educational factors. There is a need for concentrated efforts to prevent pregnancies among adolescents and to support young mothers through public policies and appropriate socio- medical services.

What are the main causes of pregnancies among minors presenting at the Alba Iulia Emergency Room, and what is the impact of the social worker's intervention in the ER on supporting and managing crisis situations amongthem?

For a deeper understanding of the needs and challenges faced by teenage mothers and the development of effective solutions, this paper aims to establish several objectives, such as:

a. Determining the main reasons why teenage mothers present at the emergency room.
b. Identifying barriers to accessing preventive medical services and routine consultations compared to the use of emergency services.
c Assessing the level of satisfaction of adolescent mothers by analyzing feedback on waiting times, the attitude of medical staff, and the quality of care provided.
d. Investigating the relationship between socio-economic factors, education level, family support, and the frequency of visits to the healthcare unit by teenage mothers.
e. Developing proposals and recommendations to improve healthcare services and support provided to teenage mothers.

The analysis of the social particularities of teenage mothers presenting to the emergency room from the perspective of the social worker involves a deeper understanding of the familial, economic, and psychosocial context that influences the lives of these young women.

One key aspect is the familial and social context, which may involve a dysfunctional family or a lack of familial support. Many teenage mothers come from families where emotional and material support is limited or nonexistent. There may be cases of abuse, neglect, domestic violence, or the absence of parents due to migration for work. Social stigma is a critical factor, as young mothers may experience social rejection from the community or even from their own families. This affects their self-confidence and can lead to social isolation.

Often, teenage mothers have a low level of education, which reduces their opportunities for integration into the labor market and perpetuates a vicious cycle of poverty. Another aspect is the economic one, with the lack of financial stability, which can expose these mothers to the risks of exploitation. Additionally, teenage mothers may live in unsafe or inadequate housing conditions, which affect both their health and that of their child.

There are also some psychosocial particularities of young mothers, who, due to their young age, may have difficulties in managing stress and the demands associated with motherhood. They may experience depression, anxiety, or difficulties in forming a healthy attachment with their newborn. Some adolescents may be victims of sexual abuse or other forms of violence, with many pregnancies in minors resulting from abusive relationships or a lack of sexual and contraceptive education.

Minor mothers may have a limited understanding of child-rearing and care, requiring additional support to learn how to manage the health and well-being of their child.

When a minor mother presents at the emergency department, there can be medical complications for both the mother and the child. Emergency situations are sometimes exacerbated by a lack of proper prenatal care. The social worker must collaborate with the multidisciplinary team to provide an integrated response, playing a key role in offering emotional support and facilitating access to resources such as healthcare services, psychological counseling, and community integration support. The social worker must quickly assess the minor mother's family and economic situation to identify urgent needs and evaluate the risks faced by both the mother and the child. A short-term intervention plan is developed, which may include contacting child protection services, facilitating a support network, or ensuring stable housing upon discharge from the emergency department.

Case studies:

1. **A 16-year-old female, M.A.**, presents to the Emergency Department (ED) with diffuse abdominal pain, 34 weeks pregnant, and no prenatal care. She is overwhelmed with emotions and does not have adequate family support on-site, being accompanied by her partner's mother, H.V., with whom she has a 3-year-old child. The social worker in the emergency department collaborated with the medical staff to identify the minor's immediate needs. She is visibly anxious and concerned about her and her child's health, requiring clarification regarding her pregnancy and the available options. A. comes from a family environment with

frequent tensions between her parents and is unsure how much she can rely on her family during difficult times. Her mother agrees over the phone to proceed with the medical investigations but cannot come to the hospital to accompany her during the monitoring. As a minor, it is important to consider that information about treatment and consent for medical investigations must be managed according to the law. Emotional support is provided to the minor, who is encouraged to talk about her emotions using active listening techniques, and she is informed about her rights and the importance of regular medical consultations. Efforts were made to involve the family in the recovery process and establish effective collaboration with the multidisciplinary team (doctor, psychologist). The minor was referred to support and counseling groups for young mothers. In this case, the social worker provided not only emotional support but also perspectives to help the minor face future challenges. The minor leaves the ED with recommendations, accompanied by her partner's mother.

2. **17-year-old T.R.,** a new mother, presents at the Emergency Department with shortness of breath and swelling in her left upper limb. The minor gave birth 3 weeks ago and did not follow the treatment prescribed by her attending physician after childbirth, stating that she could not afford the medication. She is frightened and does not have the support of her family, as her parents are in France and her brother is in Ocna Mure . The minor's partner stayed home to care for their child. The social worker discusses the case with the pediatrician in the emergency department and the cardiologist, and a decision is made to transfer the minor to the Pediatric Cardiology Department in Târgu-Mure . The patient becomes agitated and starts crying, unwilling to be transferred, but after counseling from the social worker, the minor agrees to be sent to the higher-level hospital for further investigations. The social worker also speaks with her brother, who drives directly to Târgu-Mure , bypassing Alba Iulia, and is provided with the location and the name of the doctor to contact. The minor's parents agreed to return to the country to sign the necessary consent forms for hospitalization. The social worker's intervention was essential, providing immediate support to the minor and ensuring she understood the importance of following the prescribed treatment, which could play a decisive role in maintaining her health. The multidisciplinary team was involved in making an emergency decision in the minor's best interest, and the family was mobilized to actively offer support when needed.
3. **16-year-old P.A.** presents at the Emergency Department with her 3-month-old daughter, accompanied by her paternal grandmother due to the child's health issues. During the initial evaluation, the social worker observes that P.A. appears tired and worried, displaying a hostile attitude towards the medical staff in the triage area. A socio-family assessment is conducted together with the on-call emergency doctor. It was found that P.A. had to drop out of high school when she learned she was pregnant. The child's father is absent from their lives, leaving her when the minor decided not to have an abortion at his request. She lives with her grandmother in a small apartment without central heating, on the outskirts of Alba Iulia. The pregnancy was accidental, and she gave birth at 15 years old, without consistent access to prenatal care due to limited resources. The baby requires medical care, and P.A. might have difficulties with breastfeeding and taking care of her daughter, feeling overwhelmed and frustrated by her responsibilities as a mother and worried about the child's situation, which increases her stress. Educational needs were identified, as P.A. did not finish high school, limiting her future prospects, and there are social needs as well, as she lacks a support network (friends, other mothers), although her grandmother provides unconditional support, which is somewhat limited. Medical intervention was carried out to evaluate the baby's condition, providing the necessary care for the issue that brought her to the emergency department. P.A. was guided to a prenatal education center to learn how to care for an infant. The social worker played an important role in this case by collaborating with local authorities through written and phone notifications for conducting a socio-family assessment at the minor's home and evaluating the family's living conditions, aiming to identify solutions to provide adequate living

conditions. It is worth mentioning that P.A.'s parents are abroad, and the minor has been in the care of her paternal grandmother since birth. The minor-child pair required hospitalization in emergency care, and the case was handed over to the social worker for monitoring and social intervention during the hospitalization.

4. **The 14-year-old minor, R.M.,** is brought to the Emergency Room (ER) by ambulance from home for abdominal pain, at 25 weeks of pregnancy. She is in a consensual union with V.D. (18 years old) and they live together at their declared residence, renting. This is her third pregnancy, with the previous two lost due to her failure to seek medical attention for further investigations, not knowing that she suffers from a coagulation disorder, which was later identified in the ER, along with the onset of her third pregnancy. She has completed three grades of school. The pregnancy is not monitored due to a lack of financial resources. The minor is under the care of her maternal grandmother without legal forms, as her parents are in Poland. She was placed in her grandmother's care until the age of 10, then went with her parents to Poland and later returned to her grandmother's care in Romania, without renewing the placement measure. The pregnant adolescent has three siblings who live with the parents in Poland. She was placed in her maternal grandmother's care until the age of 10, then went with her parents to Poland and later returned to her grandmother's care in Romania, without renewing the placement measure. The pregnant adolescent has three siblings who live with the parents in Poland. She does not have an identity card at the age of 14, and is using her birth certificate (photo) for identification. The social worker in the ER contacts the family by phone to inform them about the minor's needs and the necessity of obtaining an identity card, an essential document in order to register the child at birth. The parents confirmed they will come to Romania to complete the identity card for the minor. Both the grandmother and the parents (via phone) agree with the relationship between the two young people and that she should leave the ER accompanied by her partner. The case was reported by the social worker from the ER, through a phone notification, to the Alba Iulia Social Assistance Directorate (DAS), where it was discovered that the minor's parents had been in the country but refused to cooperate with DAS to obtain the minor's identity card or provide contact details and their address. Placement with the maternal grandmother was proposed, but she refused, citing the loss of social canteen benefits and institutionalization through DGASPC Alba, though the placement was not enforced. The case will be monitored in the community through a written notification, with a proposal for urgent resolution. The minor leaves the ER accompanied by her partner.
5. **The minor C.S., 17 years old,** is brought to the emergency department by ambulance, transferred from Aiud hospital, with a 39-week pregnancy and uterine contractions. Upon arrival, she is accompanied by her partner's mother. She is in a consensual union with R.A. (19 years old), and they live together at the declared residence, receiving emotional support from him and his family. Being her first pregnancy, the pregnant young woman appears anxious and confused, mentioning that she has not been monitored by a gynecologist until now and has not felt the baby move for five days. She does not know her parents' contact number, stating that she is not in touch with them. Collaboration with the multidisciplinary team was carried out on an urgent basis, and after the specialist consultation, it was found that the fetus was dead. The minor requires emergency hospitalization in the Obstetrics and Gynecology department, and the case was handed over to the social worker at the hospital for social intervention during the hospitalization. A weak support relationship was identified from her family, as her parents were not involved in the minor's life in any way. Psychological counseling was provided to the minor, offering a safe space to express her fears and emotional needs. She was informed about available resources (therapy, support group) to help her cope with the trauma caused by the loss of her child, upon discharge.
6. **M.T. aged 14 years** is brought to the UPU by the mother with ruptured uterine membranes, 38 weeks pregnant. The child's father does not keep in touch with the minor, being away in

Germany. The minor's mother expressed interest in suing the child's father. The social worker, following the social anamnesis, in collaboration with the multidisciplinary team, decided to request the support of a police crew for the crime of sexual intercourse with a minor, the minor having only a temporary relationship with the child's father. The pregnant woman is a 7th-grade student, and her pregnancy has been monitored by rr. R.M. from the Sebe hospital. A police team from the ERU presented itself to document the case and inform the minor's mother about the steps that need to be taken for the legal accountability of the partner. Following a focus-group discussion with the minor and her mother, it was decided that the child would remain in the family, and the minor is determined to continue her studies, receiving support from her family, who is actively involved in all of her decisions. The adolescent shows a relaxed and responsible attitude as a result of several counseling sessions held at her school with the school psychologist. It is decided to admit the minor to the gynecology department, and the case is handed over to the social worker from the hospital's social assistance department for monitoring and social intervention, if necessary, during the minor's hospitalization.

The common elements in these case studies involve complex situations where young mothers or pregnant teenagers end up in hospitals under circumstances that highlight social and family vulnerability. Several key aspects can be identified in all cases: One key aspect is the lack of familial and/or social support. Most of the minor mothers come from environments where familial support is either insufficient or nonexistent. The parents are either absent (working abroad) or do not actively participate in the lives of the adolescents, as seen in cases 2, 3, 4, and 5. Some adolescents receive limited support from other family members, such as grandmothers or the families of their partners (cases 1, 3, and 5). In cases 1and 2, emergency social workers try to mobilize the families to ensure the necessary support for the minors.

The second aspect would be undiagnosed pregnancies and limited access to medical care. The minors arrive at the emergency room with advanced, undiagnosed pregnancies, without prior medical monitoring (cases 1, 4, and 5). The lack of financial resources or adequate information leads to inadequate prenatal care, increasing the risks to their health and the health of their children. Poverty and the lack of material resources represent another common aspect identified in these case studies. Pregnant adolescents and their families often face material shortages, which contribute to difficulties in accessing medical care and education (cases 2, 3, and 4). Financial problems are frequently mentioned in relation to obtaining necessary medication or appropriate care.

There are also situations where pregnancies occur unplanned, and the adolescents' relationships are unstable. Most of the young mothers in these cases became pregnant accidentally and have unstable or absent relationships with their partners (cases 3, 4, and 6). The father of the child is often absent or uninvolved, increasing the social vulnerability of the young mothers (cases 3 and 6).

In each case, a multidisciplinary team consisting of doctors, social workers, and sometimes psychologists is involved to address the complex needs of the minors. The social worker plays a crucial role in managing crisis situations, providing emotional counseling, and mediating between the family and institutions (all cases).

The lack of access to education is a factor that perpetuates social and economic vulnerability. Young mothers lack education or have been forced to drop out of school due to pregnancy, limiting their future prospects and employment opportunities (cases 3, 4, and 6).

There is a need for counseling and emotional support, as the emotional state of the adolescents is often one of anxiety, confusion, or even hostility, due to stigmatization, social pressure, or lack of support (cases 1, 2, 3, and 5). The social worker provides emotional support and facilitates access to counseling resources and support groups in an effort to help them cope with the challenges (all cases).

Social workers in the emergency department often intervene in collaboration with local authorities to assess the living conditions of pregnant minors/young mothers and propose solutions for improvement (cases 3 and 4). They also attempt to implement protective measures and support where the family is absent or unable to provide assistance.

All these elements illustrate a picture of the social fragility faced by adolescent mothers and their need for comprehensive support—not only medical but also emotional, educational, and material.

Through the contribution of specialists in this regard, interventions will be improved, and effective support strategies can be developed, including rapid interventions for the emotional and psychological stabilization of minor mothers in crisis situations in emergency care, as well as the identification of the necessary resources and services to respond promptly and appropriately to their needs.

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