Teenage Pregnancy
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In 2005, the U.S. teenage pregnancy rate reached its lowest point in more than 30 years (69.5), down 41% since its peak in 1990 (116.9). However, in 2006, the rate, increased for the first time in more than a decade, rising 3%.
History of Policies and Activities of ACOG in Adolescent Pregnancy

- 1964 - first formal activities in the area of adolescent health and pregnancy. ACOG declared, “An obstetrician-gynecologist has a responsibility for assisting in programs of family life education in communities and schools”.

- 1970 - ACOG urged OBs to work with the community to “replace punitive attitudes where they exist with those that promote optimal obstetric and rehabilitative care” and to support school officials in keeping pregnant adolescents in school or provide alternative educational opportunities.

- 1970 - First Statement on Teenage Pregnancy was issued. This called to attention medical and health problems of the sexually involved adolescent, the school-age pregnant patient, the teenage mother and father and the child of adolescent parents.

- 1971 - The statement Providing Effective Contraception to Minors was issued. ACOG stated that “the unmarried sexually active female of any age whose sexual behavior exposes her to possible conception should have access to the most effective methods of contraception” and “the individual physician...should be free to exercise his best judgement in prescribing contraception and therefore, the legal barriers which restrict his freedom should be removed...even in the case of an unemancipated minor who refuses to involve her parents”.

- 1979 - Adolescent Reproductive Health Services policy published which made guidelines and recommendations for comprehensive services responsive to the reproductive health needs of adolescents. It also called for education of human reproduction to begin in childhood and continue through adolescence into adulthood and “be offered in schools, churches, and colleges as well as in family settings and social organizations

- 1985 - ACOG president initiates national campaign to combat unintended pregnancy. Public service announcements were prepared and were initially refused by all national television networks. The networks finally agreed to show the announcements after eliminating the word “contraception”.

- 1985 - permanent Committee on Adolescent Health Care established.

- 1988 - the Committee on Adolescent Health Care issued a joint statement with the American Academy of Pediatrics, the American Academy of Family Physicians, NAACOG - the Organization for Obstetric, Gynecologic, and Neonatal nurses, and the National Medical Association on confidentiality in adolescent health care.
History of Policies and Activities of ACOG in Adolescent Pregnancy

- 1995 - ACOG produced the document, Adolescent Pregnancy Prevention Programs, describing models of effective and replicable adolescent pregnancy prevention programs. The Committee on Adolescent Health Care issued a Committee Opinion stressing the importance of condom distribution programs in the prevention of STDs and unintended pregnancies.

- 1998 - the Committee on Adolescent Health Care responded to the newly available federal funds to promote abstinence only education by preparing a policy statement, The Limitations of Abstinence-Only Sexuality Education.

Where do we stand?

- Each year, 7.5 percent of all 15 - 19 year old women become pregnant.

- In 2004, there were 422,000 births among teenagers.

- The United States still has the highest teen pregnancy and birth rates in the industrialized world.

- In 2000, rates of teen pregnancy and birth in the United States are two to six times higher than in most of western Europe, including France, Holland, Denmark, and Sweden.

- Tennessee ranks number 9 for teenage pregnancy rate and number 6 for birth rate.
Risk Factors

- Multiple sexual partners over time - According to the National Survey of Family Growth 2002, almost one in ten sexually experienced male and female adolescents reported having four or more sexual partners in the previous 12 months.

- Having older partners - More than one in four babies born to mothers 15 - 17 was fathered by someone who was five or more years older, according to research by Child Trends in 2002.

- Low income - Low-income females aged 15-19 are slightly more likely than higher income females to become sexually active before 20 years of age.

Social Consequences of Teen Pregnancy

- We’ve got to ask our community leaders and all kinds of organizations to help us stop our most serious social problem: the epidemic of teen pregnancies and births where there is no marriage.
  - Bill Clinton, 1995 State of the Union

Social Consequences of Teen Pregnancy

- Nearly half of all teen mothers never earn a high school diploma and 30 percent do not earn a General Education Development (GED).

- Only about 10 percent of teen mothers will complete a two- or four-year college program by middle adulthood.

- Pregnant mothers are more likely to live in poverty, receive public assistance, and have long periods of welfare dependency than women who postpone pregnancy.

Social Consequences of Teen Pregnancy

- Adolescent fathers are more likely to finish fewer years of schooling, earn less income annually by age 27, and participate less in the work force than men who delay fathering until age 21.

- The cost of teenage childbearing in the U.S. are estimated to be 9.1 billion in public funding.
Social Consequences of Teen Pregnancy

- Children of young mothers are more likely to be born prematurely or at low birthweight.
- Children of adolescent mothers are more likely to have health and cognitive disadvantages and to be neglected or abused.
- The daughters of adolescent mothers are more likely to become adolescent mothers themselves.
- The sons of adolescent mothers are more likely to be incarcerated.

Public Cost of Teen Childbearing in Tennessee

- A new analysis from the National Campaign to Prevent Teen Pregnancy shows that teen childbearing in Tennessee cost taxpayers $181 million in 2004.
- 39% were federal costs and 61% were state and local costs.
- $33 million for public health care, $45 million for child welfare, $30 million for incarceration, $64 million in lost tax revenue.

Public Cost of Teen Childbearing in Tennessee

- Cost of childbearing are greatest for younger teens. The average annual cost associated with a child born to a mother 17 and younger is $3404.

Strategies for Adolescent Pregnancy Prevention

- Focused on one or more objectives
  - 1. To educate and assist adolescents in increasing their ability to abstain from or delay sexual intercourse.
  - 2. To improve adolescents use of and access to family-planning services.
  - 3. To enhance adolescents life options by providing alternatives to early pregnancy and childbearing.
Strategies for Adolescent Pregnancy Prevention

Programs That Provide Sexuality and Family-Life Education

- Emphasizes the importance of delaying sex and increasing contraception use.
- Designed to inform teenagers about sexual behavior, human relationships, reproduction, and contraception.
- Typically implemented in schools.
- Curriculum varies by state.

Access to comprehensive sex and STD/HIV education in schools is limited by parental consent and “opt-out” clauses that allow parents to remove their children from instruction. In three states, parental consent is necessary for students to participate in these programs.

More than one-third of public school districts require that abstinence be taught as the only option for unmarried people and either prohibit or limit the discussion of contraception.

In 2002, only 62% of sexually experienced teens had received instruction about contraception before they first had sex, compared with 72% in 1995.

Studies of abstinence-only programs and the impact on initiation of sex show that none had a significant impact. An evaluation performed by the U.S. Department of Health and Human Services found no evidence that abstinence-only programs increased the rates of abstinence. Students in abstinence-only programs had a similar number of sexual partners as well as similar age of first sex as their peers not in the programs.

Programs That Provide Family Planning Services

- Focuses on increasing access to and use of family planning services, including condoms.
- Opponents of condom-availability programs question the necessity of such programs because sexually active teenagers can purchase condoms elsewhere. However, teenagers face many obstacles to obtaining condoms including concerns about confidentiality, cost, transportation, and embarrassment.
 Strategies for Adolescent Pregnancy Prevention

- Programs That Provide Family Planning Services
  - School-Based Health Centers provide reproductive and other health services to adolescents. They typically provide pregnancy testing, gynecologic examinations, STD testing and treatment, and HIV counseling. However, the majority do not provide contraception services.
  - Family planning clinics served nearly two million women under the age of 20 in 2001. They are the primary sites where teenagers obtain medically prescribed contraception.

- Programs That Seek to Enhance Adolescents' Life Options
  - Based on the assumption that young people will be motivated to avoid early pregnancy and parenthood if their experiences and opportunities are broadened.
  - Include life-planning and decision-making, role-modeling and mentoring, and youth employment programs.
  - Evaluations of these programs provide strong evidence that they reduce pregnancy rates.

Examples of Model Programs

- Safer Choices - a school based HIV/STD and pregnancy prevention program for high-school youth. Implemented to ninth grade students from various racial and socioeconomic backgrounds in northern California and southeast Texas.
  - Students participated in 10 interactive classes, taught by trained classroom teachers, on knowledge, norms, and skills to avoid sex or use condoms.
  - A peer team or club was established at every school to plan and host school wide activities designed to alter the normative culture of school and run a resource area on campus.

- To educate parents, newsletters were published to provide information on HIV/AIDS/STDs and pregnancy.
  - Students were required to complete homework assignments gathering information about local resources and support services outside of school.
Examples of Model Programs

- Safer Choices
  - At the 31-month follow-up, program participants were 37% less likely than students in control groups to report having intercourse without a condom.
  - The evaluation found that there were no differences in sexual initiation between adolescents who participated in Safer Choices and those in the control group.
  - An evaluation of cost effectiveness and cost benefits concluded that for ever dollar invested in the program, $2.65 was saved in medical and social cost.

- Self Center - a clinic located adjacent to a junior and senior high school in a low-income neighborhood in Baltimore, Maryland.
  - Established in 1981 as a school-linked pregnancy prevention demonstration project by the School of Medicine at Johns Hopkins University. The program was implemented for 3 years.
  - The services provided included classroom presentations, small group activities, individual counseling, and medical services.

- Self Center
  - Clinic was held between 1:30 p.m. and 5:00 or 6:00 p.m.
  - Students could come for appointment with or without appointments for discussions, educational films, contraception counseling, pregnancy testing and provision of contraception.
  - The clinic remained open during the summer.
  - A consultation with social worker was required for students to receive contraception.

- Self Center
  - Less than 20% of sexually active teenage females were not protected in their most recent intercourse in students who had been exposed to the program for 2 or more years. The percentage was 44-49% in the control group.
  - Control and program schools had similar pregnancy rates at the beginning of this program, but after 28 months the pregnancy rates increased in control schools by 58% and decreased by 30% in program schools.
Examples of Model Programs

- Teen Outreach Program - nine month school program designed to prevent problems such as early pregnancy and school failure by enhancing social development of adolescents.
  - Implemented in 120 middle schools, high schools and community-based organizations throughout the United States and Canada
  - Consist of 3 components: supervised community volunteer service, classroom-based discussions of service experiences, and classroom-based discussion and activities related to key social-developmental tasks of adolescents.

Examples of Model Programs

- Teen Outreach Program
  - Participants perform a minimum of 20 hours of volunteer service, such as working as aides in hospitals and nursing homes, participating in walkathons, and peer tutoring.
  - Service-learning discussions help students to prepare for their volunteer services, think about their experiences, and learn about other students' experiences.
  - Developmentally oriented discussions and activities cover topics such as understanding yourself, your values, life skills, dealing with family stress, human growth and development.

Examples of Model Programs

- Teen Outreach Program
  - Between 1991 and 1995, the program was evaluated using a random-assignment experimental design. 700 students were randomly assigned to either the experimental group or the control group.
  - Participants were less likely to experience or cause a pregnancy, be suspended from school, or fail a course than were teens in the control group.
  - Teens in the control group experienced twice the pregnancy rate compared with the program group.

Ryan Delauro Bill

- Introduced in 2009 by Representatives Tim Ryan (D-OH) and Rosa Delauro (D-CT).
  - “Preventing Unintended Pregnancies, Reducing the Need for Abortion and Supporting Parents Act”
  - Backed by both pro-life and pro-choice advocates because it finds a common ground to reduce abortions in America while protecting personal liberties.
Ryan Delauro Bill

- Prevention
  - Grants for sex education
  - Teenage pregnancy prevention incentive grants
  - National campaign to enlist parents in preventing teen pregnancy
  - Medicaid coverage of family planning services
  - Contraception info for new moms

Ryan Delauro Bill

- Support
  - Disclosure of information for abortion services
  - Expanding Medicaid and S-CHIP coverage
  - Cannot consider pregnancy as a preexisting condition
  - Support of pregnant and parenting students
  - Expanding adoption assistance
  - Support of new parents

Health Care Reform
What Can Policymakers Do?

- Make pregnancy planning and prevention an integral component of any basic benefit package - like mammograms, smoking cessation, diabetes screening, etc.

- Public and private health insurance plans should provide coverage for FDA-approved prescription contraception drugs, devices, and related outpatient services, including implants and IUDs.

- Provide adequate reimbursements for extended family planning counseling services under public and private insurance systems to improve contraception knowledge and adherence.
**References**

- Ryan Balanski et al. *Preventing Unintended Pregnancy, Reducing the need for Abortion and Supporting Parents Act*.
- ACOG. *Statement from Pregnancy, Birth, and STDs*. 2010.

**Resources**

- [www.TeenPregnancy.org](http://www.TeenPregnancy.org)
- [www.TheNationalCampaign.org](http://www.TheNationalCampaign.org)
- [www.ACOG.org](http://www.ACOG.org)
- [www.CDC.gov](http://www.CDC.gov)
- [www.guttmacher.org](http://www.guttmacher.org)
- [www.plannedparenthood.org](http://www.plannedparenthood.org)