

Teen Pregnancy

CURRENT TRENDS

In 1997, there were 8,318 pregnancies to Oregon females under age 20. Of these, 58.4 percent had neither completed high school nor obtained a general equivalency diploma (GED). Of those who took their pregnancies to term, 74.1 percent were unmarried at the time of birth.

This report bases its analysis on two separate age groups to aid in understanding teen pregnancy trends: females under 18 and females 18-19. These two groups are compared to each other and to women age 20 and older. The number of pregnancies is determined by adding the numbers of births and abortions reported for Oregon residents. Because some neighboring states (e.g., California) do not exchange abortion reports with Oregon, those who obtain an out-of-state abortion are not always included in this count.

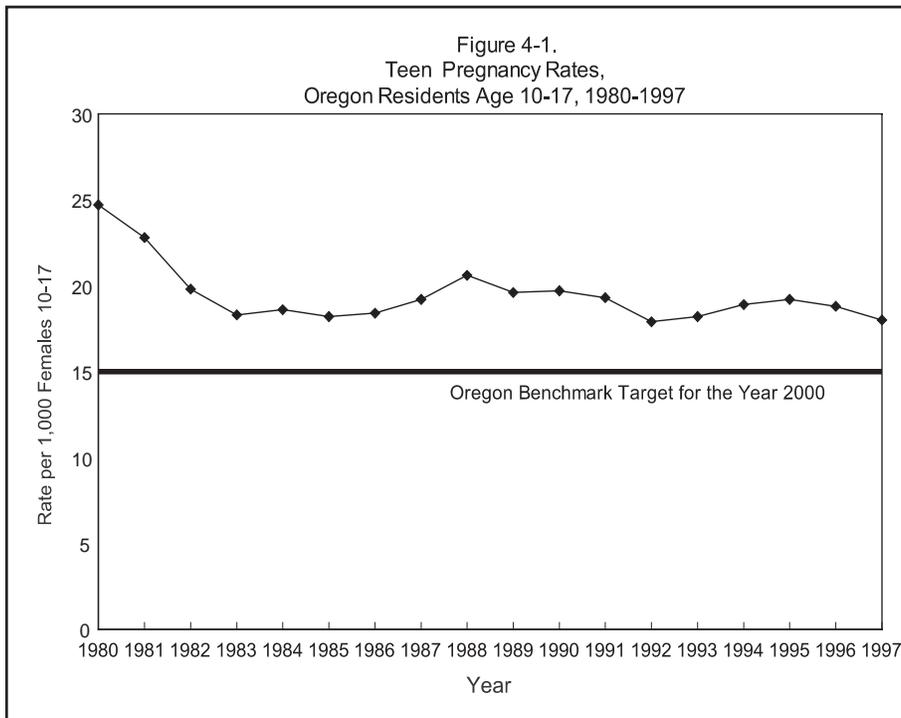
Oregon Females Under 18

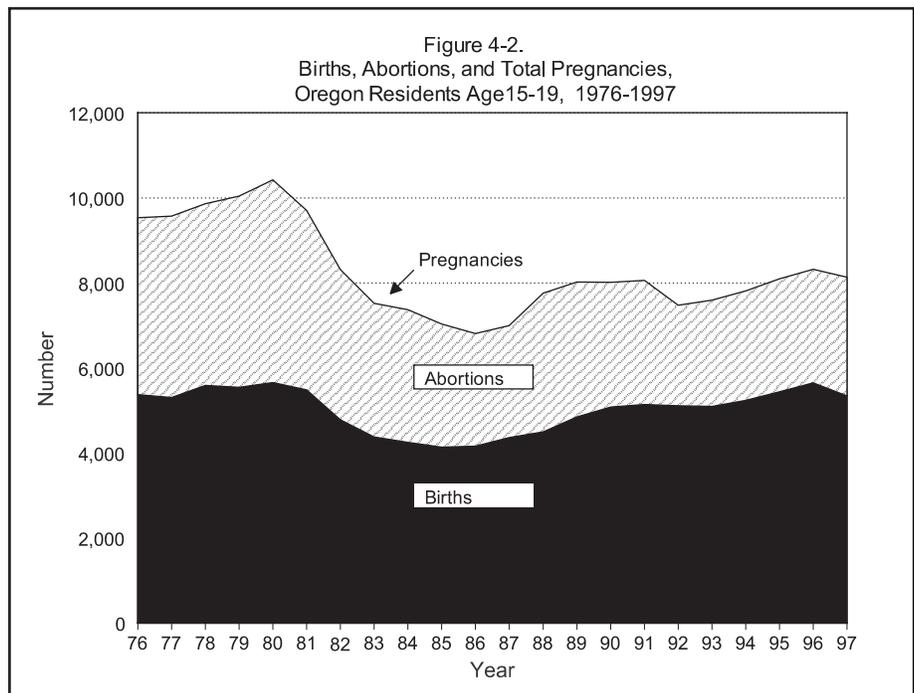
Efforts at preventing teen pregnancies are focused primarily on females under age 18. In 1997, the pregnancy rate among 10- to 17-year-olds decreased 4.3 percent, from 18.8 per 1,000 in 1996 to 18.0 in 1997 (see sidebar).¹ The 1997 rate is 1.2 times greater than the Oregon Benchmark goal for the year 2000: 15 pregnancies per 1,000 females.² If the Benchmark goal is to be achieved, the rate must decrease by 5.9 percent per year. [Figure 4-1].

Pregnancy rates for Oregonians age 10-17 declined 4.3 percent.

OREGON BENCHMARK: Teen Pregnancy Rates 10-17	
YEAR 2000 GOAL: 15.0	
YEAR	RATE
1980	24.7
1981	22.8
1982	19.8
1983	18.3
1984	18.6
1985	18.2
1986	18.4
1987	19.2
1988	20.6
1989	19.6
1990	19.7
1991	19.3
1992	17.9
1993	18.2
1994	18.9
1995	19.2
1996	18.8
1997	18.0

Pregnancy rate per 1,000 females ages 10-17.





During 1997, at least 3,197 pregnancies occurred among Oregon females under 18 years old, 77 fewer than in 1996. [Table 4-2]. While the birth rate decreased by 7.4 percent, the abortion rate increased by only 1.5 percent. This indicates that teens are showing improvement in protecting themselves against becoming pregnant compared to 1996.

In 1997, the youngest teens to become pregnant were 12 when they gave birth. There were 184 teen pregnancies for teens under 15, an 11 percent increase over 1996. [Table 4-2].

Oregon Females 18-19

In 1997, the pregnancy rate of Oregonians age 18-19 decreased to 117.5 per 1,000 females, a 4.4 percent decrease from 1996. Comparisons with the 1996 figures show a decrease of 7.5 percent in the birth rate and an increase of 3.0 percent in the abortion rate among 18- to 19-year-olds. [Table 4-1].

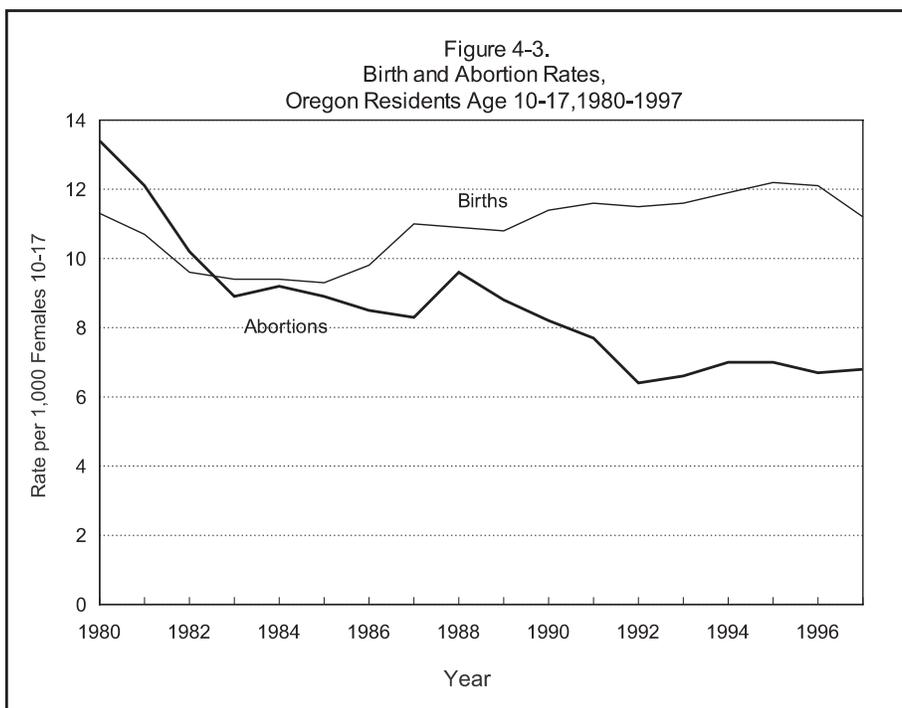
TEEN ABORTIONS

Compared to 1996, abortion rates increased for most teenage groups: 10-14, up 8.7 percent; 15-17, down 0.6 percent; and 18-19, up 2.9 percent. Overall, the rate for 10-17 year-olds increased 1.5 percent. [Table 4-1 and Table 4-2; Figure 4-3].

Figure 4-4 presents the historical pattern of pregnancy resulting in birth instead of abortion. As the graph indicates, teens are becoming more likely to carry a pregnancy to term. However, teens are still less likely to carry a pregnancy to term than are women age 20-34.

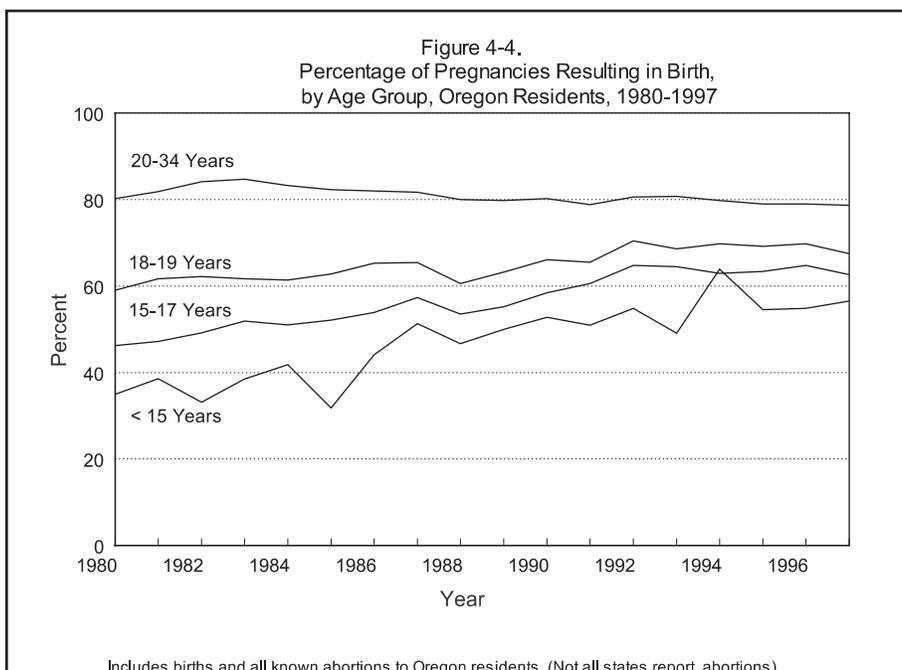
Since 1980, the younger the teen, the more likely the pregnancy would be terminated. However, in 1997, even among teens under 15, almost 57 percent of pregnancies resulted in a live birth. [Figure 4-4, Table 4-2].

Pregnancy rates for Oregonians age 18-19 decreased 7.5 percent



There were 1,207 abortions to Oregonians age 10-17 reported during 1997, an increase of 3.3 percent from 1996. [Table 4-2]. Since the record high abortion rate recorded in 1980, the rate for 10- to 17-year-olds has fallen by nearly half (from 13.4 to 6.8), while the rate for 18- to 19-year-olds has dropped by nearly one-third (from 58.1 to 38.2). [Tables 4-1 and 4-2].

Abortion rates for teens 10-17 increased 1.5 percent.



Birth rates for teens 10-17 fell 7.4 percent.

TEEN BIRTHS

In 1997, there were 1,990 births to Oregon teens under 18 years of age. In 8.1 percent of these cases, it was the mother's second, third, or fourth child. [Table 4-9]. Sixty-two percent of pregnancies among teens 10-17 resulted in a live birth during 1997, compared to 46 percent in 1980. [Table 4-2].

Between 1996 and 1997, the birth rate for 10- to 17-year-olds fell 7.4 percent. The decline in the number of births occurred only among 15- to 17-year-olds; 104 girls age 10-14 gave birth during 1997, a one-year increase of 14 percent. [Table 4-2].

The number of births to teens age 18-19 totaled 3,458, a decrease of 203 from the previous year. Their birth rate was 79.4 per 1,000 females, a 7.5 percent decrease from 1996. [Table 4-1]. Sixty-eight percent of pregnancies reported among this group resulted in a live birth, a slight decrease from 1996. [Figure 4-4].

Oregon Rates vs. U.S. Rates

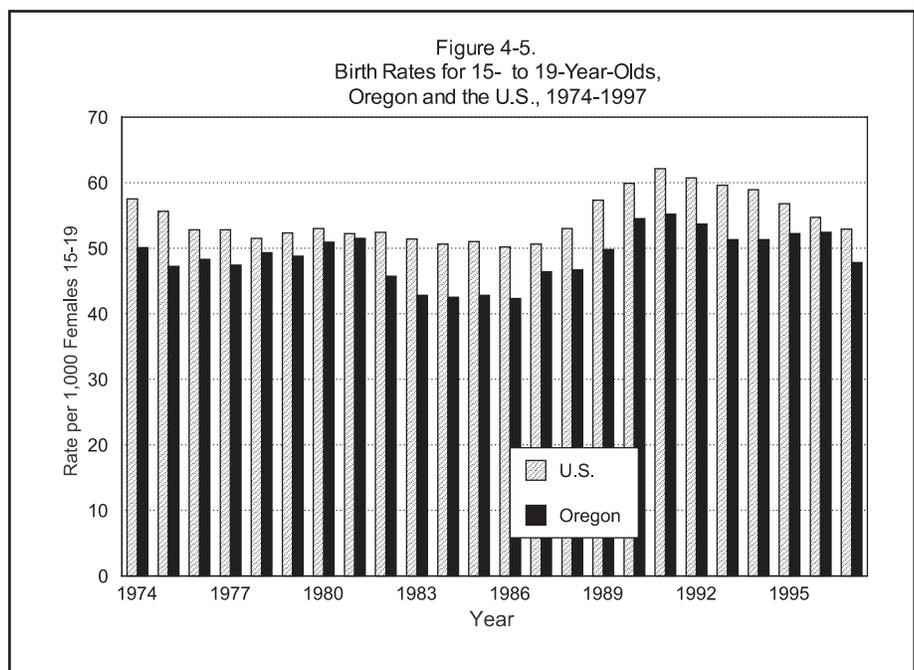
In Oregon, the birth rate among 15- to 19-year-olds (commonly used in historical and national comparisons) decreased by 8.8 percent in 1997 (47.8 vs. 52.4 per 1,000 females in 1996). [Table 4-1]. The 1997 rate is 13 percent lower than 1991's rate of 55.2 per 1,000 which is the highest rate recorded during the past quarter century. [Figure 4-5].

Oregon's 1997 birth rate for 15- to 19-year-old teens was 9.6 percent below the national rate (47.8 vs. 52.9 per 1,000 females) (see sidebar).

Oregon's lower teen birth rate may be attributed in large part to its demographic characteristics. African American and Hispanic populations have higher teen birth rates and are underrepresented in the state. (For further discussion of Oregon's

Teen Birth Rates ¹			
Age	Oregon		U.S.
	1997	1996	1997
10-17	11.2	12.1	NA
10-14	0.9	0.8	NA
15-17	27.6	30.7	32.6
18-19	79.4	85.8	84.4
15-19	47.8	52.4	52.9

¹ All rates per 1,000 females.



demographic characteristics and teen pregnancy rates, see the Methodology section of Appendix B).

PRENATAL CARE

Early Prenatal Care

Prenatal care should begin within the first three months of pregnancy to allow early detection of complications and to ensure the health of both mother and infant. An Oregon Benchmark goal is that by the year 2000, ninety percent of pregnant females, regardless of age, will begin medical care during the first trimester of pregnancy. Only 83 percent of Oregon women age 20 or older who gave birth in 1997 met this standard. In 1997, among teens who gave birth, only 68 percent started prenatal care during the first trimester, a 5.4 percent increase from 1996 (see sidebar). Only 61 percent of those under 18 received early prenatal care, a negligible 0.7 increase from 1996. [Table 4-10].

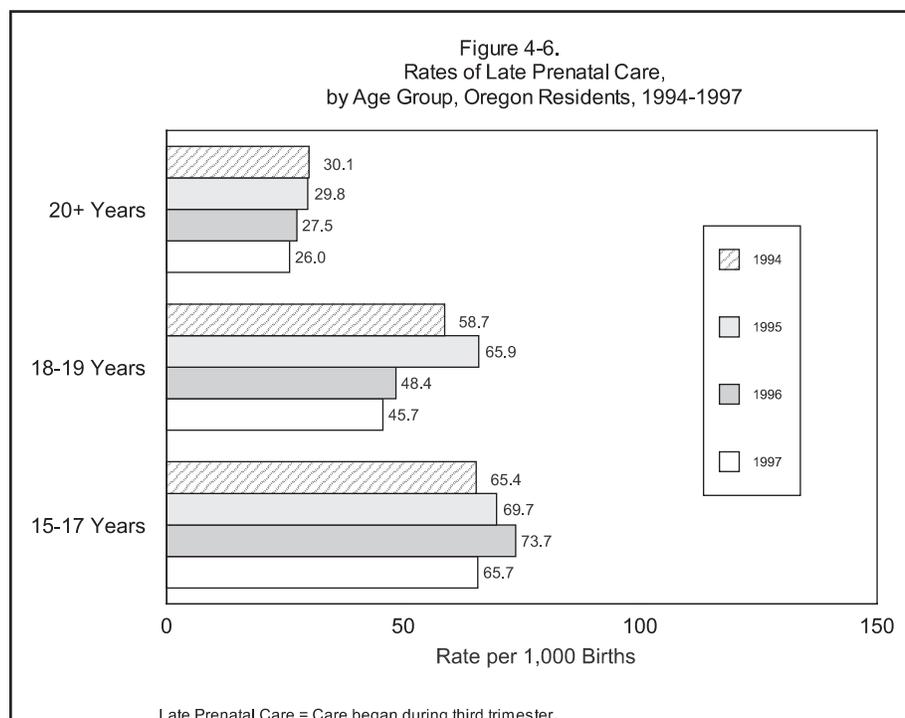
Other demographic factors such as race, ethnicity, and marital status combine with age to influence the likelihood that a teenager will receive early prenatal care. In 1997, for example, 54 percent of unmarried Hispanics age 15-17 started prenatal care during their first trimester, compared to 77 percent of married non-Hispanic whites age 18-19. [Table 4-4].

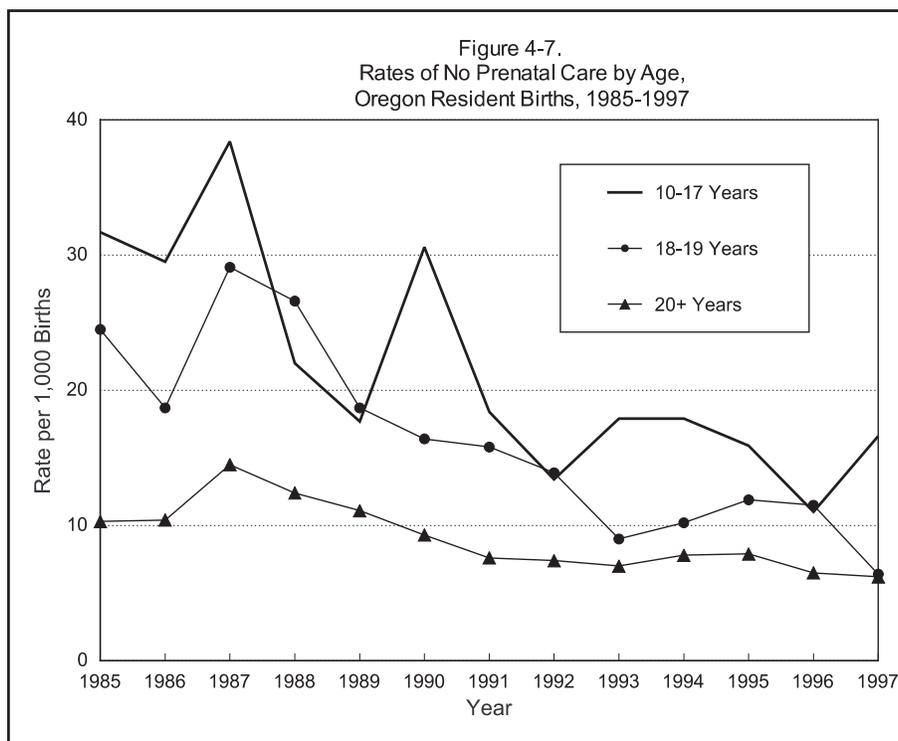
Inadequate Prenatal Care

Inadequate prenatal care has been defined as care that begins after the second trimester of pregnancy, or that involves fewer than five prenatal visits. By this measure, 10.2 percent of 15- to 17-year-old teens and 6.9 percent of 18- to 19-year-old teens received inadequate prenatal care in 1997. [Table 4-4]. This

Oregon Benchmark: First Trimester Prenatal Care, 1997	
Year 2000 Goal: 90%	
All Teens	68.1%
10-17 Years	61.5%
18-19 Years	71.8%
20 + Years	83.0%

Figure 4-6.
Rates of Late Prenatal Care,
by Age Group, Oregon Residents, 1994-1997





compares with 4.6 percent of women 20 years or older who received inadequate care. [Table 4-10]. The proportion of mothers under 20 who received inadequate prenatal care decreased 12 percent from 1996.

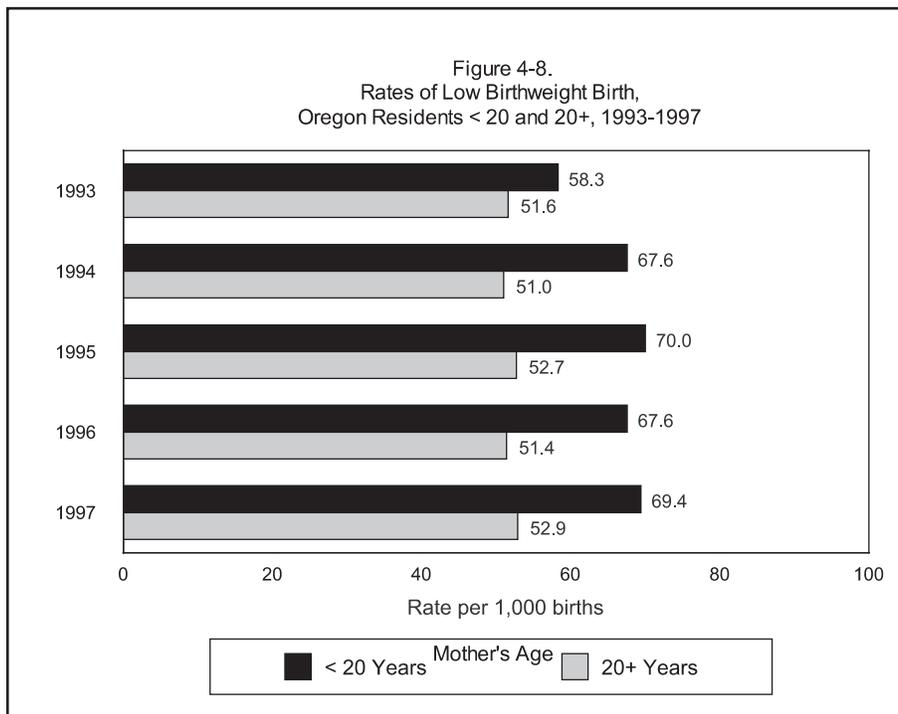
Late Care and No Prenatal Care

The proportion of teens age 15-17 who began prenatal care during the third trimester decreased 11 percent to 65.7 per 1,000 live births in 1997. [Figure 4-6]. Teens under age 18 are more than twice as likely as older women to go through pregnancy without a single visit to a medical provider. In 1997, the rate of no prenatal care among teens under age 18 was 2.2 times higher than that of teens 18-19 (13.8 vs. 6.4). [Figure 4-7]. The rates of no prenatal care for teens 10-17 increased 48 percent between 1996 and 1997, while the rate for women 18-19 decreased 44 percent.

LEVEL OF INFANT HEALTH

Whether reflecting premature delivery or small size for gestational age, the low birthweight (LBW) rate (<2,500 grams, or 5.5 pounds) is the single best measure of health for newborn infants. Changes in the low birthweight rate of a group may indicate aggregate changes in the mother's personal behavior during pregnancy or other conditions that affect fetal health such as nutrition or access to prenatal care.

In 1997, the low birthweight rate for teen mothers age 15-19 was 69.0 per 1,000 births [Table 4-4], a 2.5 percent increase from 1996. For 15- to 17-year-olds, the rate (77.9) increased 8.2 percent. The teen rates for low birthweight remained higher than those for mothers age 20 or older (52.9). [Table 4-9]. The differ-



ence in the low birthweight rates between the two groups is persistent. [Figure 4-8].

Table 4-3 shows the relationship between inadequate prenatal care and frequency of low birthweight infants among teens who gave birth in 1997. Among mothers age 15-19, those who received inadequate prenatal care were over twice as likely to have low birthweight babies as those who had received adequate care (132.3 vs. 62.3 per 1,000 live births). Figure 4-9 shows low birthweight rates by adequate and inadequate prenatal care. For mothers 15-17, the rates were 150.3 vs 68.8; for mothers 18-19, they were 117.6 vs. 58.8. This parallels findings based on analysis of births to mothers of all ages.

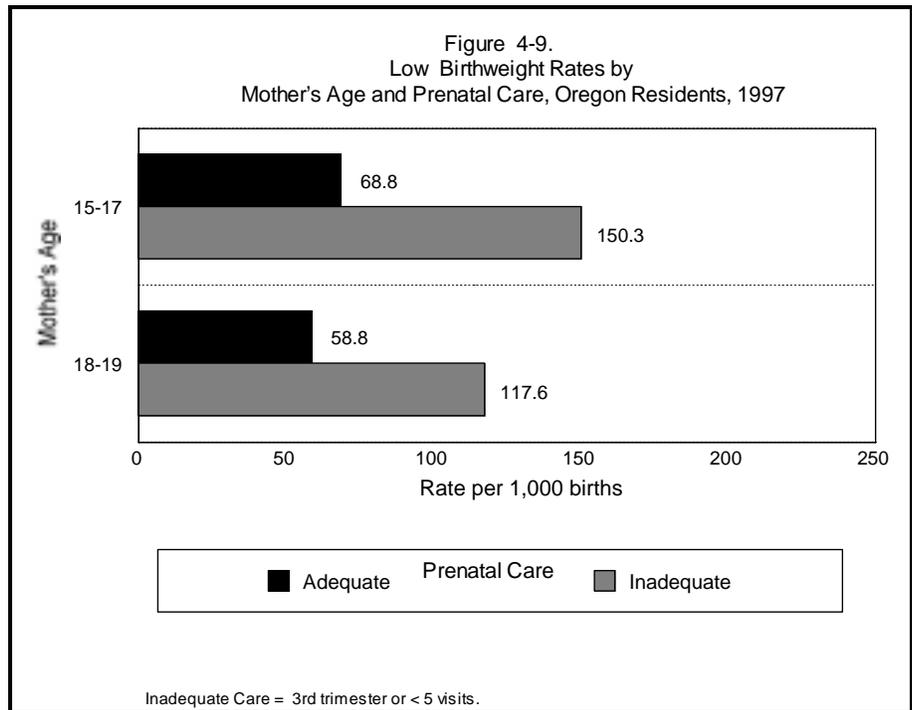
Low birthweight rates to teen mothers by racial/ethnic grouping are displayed in the sidebar and in Table 4-4. In 1997, the rate of low birthweight for Hispanic teens 15-17 decreased by 24 percent, but increased by 6.6 percent for those 18-19. Among non-Hispanic, non-white groups, the low birthweight rate for teens 15-17 increased by 15 percent and decreased by 28 percent for those 18-19 (see sidebar).

Low Apgar Score

The Apgar score recorded by the birth attendant five minutes after birth provides a measure of infant health at time of delivery. A score of less than seven is considered low and indicates that an infant is at greater than normal risk for morbidity and mortality. The 1997 low Apgar rate for newborns of mothers age 10-19 was 19.9 per 1,000 births (Table 4-9), a 13 percent decrease from 1996 (22.8). The low Apgar rate for infants born to women under age 20

Race/Ethnicity	Age	
	15-17	18-19
Rates		
Non-Hispanic White	25.8	62.2
Hispanic (All Races)	60.7	71.0
Non-hispanic, Non white	134.4	67.6
Percent Change, 1996 vs. 1997		
Non-Hispanic White	21.0%	1.0%
Hispanic (All Races)	-24.2%	6.6%
Non-hispanic, Non white	14.8%	-27.8%

¹ All rates per 1,000 births.



was also 23 percent higher than the rate for infants born to women 20 years or older (16.1).

REPORTED SUBSTANCE USE DURING PREGNANCY

Estimates of tobacco and alcohol use during pregnancy are presumed to be minimum counts due to under-reporting on birth certificates.

Alcohol

Table 4-9 shows that teen females age 15-19 were 2.5 percent less likely to report use of alcohol during pregnancy than were women over 20 (15.6 vs. 16.0 per 1,000 births).

Tobacco

Teens 15-19 were 80 percent more likely than women over 20 to report smoking during pregnancy (27% vs. 15%). [Table 4-9].

Women of all ages who smoked during pregnancy were 70 percent more likely to have low birthweight babies than non-smokers (see sidebar). Although this difference is most pronounced in mothers 20 or older (84.6 vs. 47.0 per 1,000), it remains one of the most important preventable causes of low birthweight infants for teen mothers as well.

METHOD OF PAYMENT

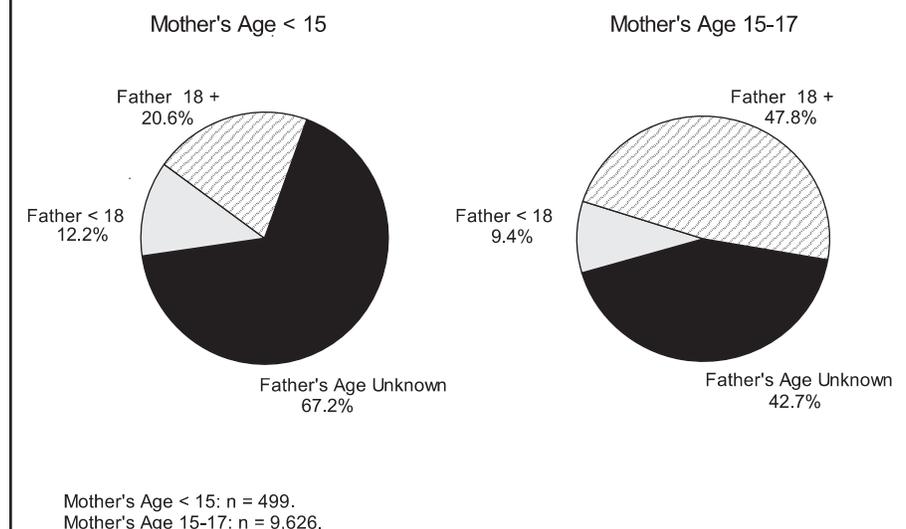
Births to teen mothers are more than twice as likely as births to older women to be paid for with public funds. In 1997, Medicaid paid for 61 percent of births to teens under 20, and 28 percent of births to women age 20 and older (where payor source was known). [Table 4-10]. This indicates the continuing, disproportionate effect of teen pregnancy on the state's Medicaid budget.

	< 20	20+
Nonsmokers	64.1	47.0
Smokers	77.6	84.6

¹ All rates per 1,000 births.

Medicaid paid for 61 percent of births to teens.

Figure 4-10.
Age Distribution of Father for Births
to Oregon Resident Teens Age 10-17, 1993-1997

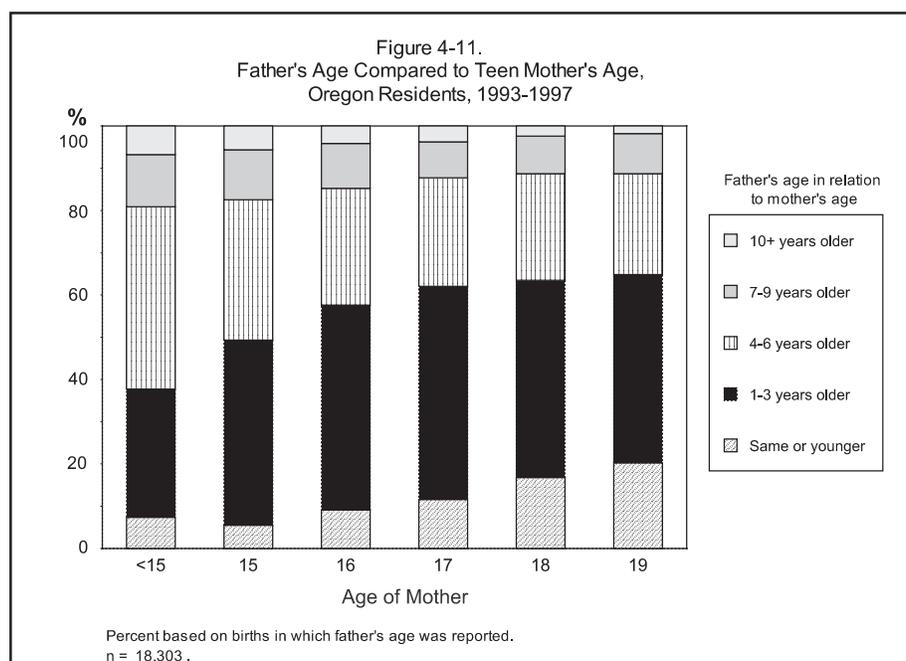


However, in 1997, there were 266 fewer births to women under age 20 than in 1996, and the number of publicly-funded births to women under age 20 dropped by 437.

AGE OF FATHER

During 1993-1997, a large percentage of birth certificates for babies born to teens did not indicate father's age, because no father was on the certificate. Sixty-seven percent of birth certificates where the mother was under age 15 did not list father's age. Where father's age was reported for teen mothers under 15, 37

Figure 4-11.
Father's Age Compared to Teen Mother's Age,
Oregon Residents, 1993-1997



percent were younger than 18, and 63 percent were 18 or older. Forty-three percent of birth certificates where the mother was 15-17 did not list father's age. Where father's age was reported on births to teens 15-17, 16 percent of fathers were under age 18, and 84 percent were 18 or older. [Figure 4-10 and Table 4-13]. Figure 4-10 shows the age of father for teen mothers less than 15 and age 15 to 17.

References:

1. Ventura SJ, Peters KD, Martin JA, et al. Births and Deaths: Preliminary Data for 1997. National Vital Statistics Report; vol 47, No 4, supp 2. Hyattsville, Maryland: National Center for Health Statistics. October 7, 1998.
2. Oregon Progress Board. *Achieving the Oregon Shines Vision: The 1999 Benchmark Performance Report*. Report to the Legislative Assembly. March 1999.

