
Teen pregnancy

Introduction

In 2012, 3,948 pregnancies occurred among Oregon females under the age of 20. Sixty-three pregnancies occurred among females under age 15. Thirty-three girls aged 10–14 gave birth during 2012, 13 more than the previous year (see Table 4-2). The youngest female to give birth was 13 and the youngest female to obtain an abortion was 13.

Due to differences in risk and severity of outcomes, this report bases its analysis on two separate age groups to aid in understanding teen pregnancy trends: females aged 15–17 and females aged 18–19. These two groups are compared to each other and to women aged 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 (see Appendix B).

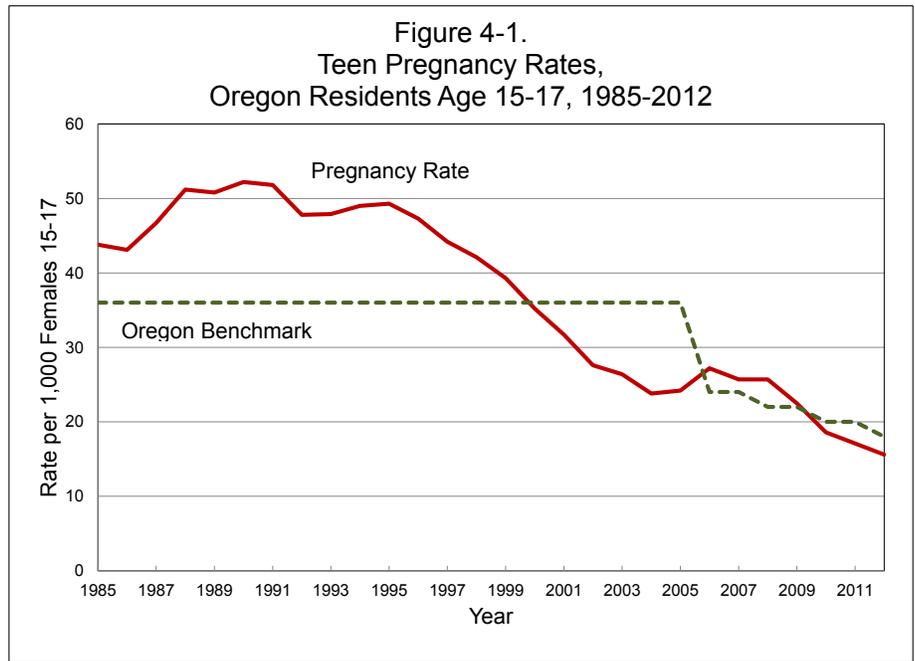
Oregon females, aged 15–17

Efforts to prevent teen pregnancies focus primarily on females aged 15–17. During 2012, 1,133 pregnancies were recorded for Oregon females aged 15–17, 110 fewer than in 2011 (see Table 4-1). In 2012, the statewide pregnancy rate among women aged 15–17 decreased 8.8% from 17.1 in 2011 to a current low of 15.6 (see sidebar Table 4-A). Historically, the teen pregnancy rate has trended downward and the 2012 rate was 55.7% lower than it was in 2000. Pregnancy rates for teens aged 15–17 varied by county. Seven counties had rates significantly different than the state rate (see Table 4-3). The 2012 rate for teens 15–17 was 13.3% below the Oregon benchmark goal for the year 2015 of 18 pregnancies per 1,000 females (see Figure 4-1).

Pregnancy rates for Oregonians ages 15 to 17 decreased by 8.8% from 2011.

Table 4-A. Oregon Benchmark Teen Pregnancy Rates 15-17	
Year 2015 Goal: 18.0	
Year	Rate
1980	59.3
1985	43.8
1990	52.2
1991	51.8
1992	47.8
1993	47.9
1994	49.0
1995	49.3
1996	47.3
1997	44.2
1998	42.1
1999	39.3
2000	35.2
2001	31.7
2002	27.6
2003	26.4
2004	23.8
2005	24.2
2006	27.2
2007	25.7
2008	25.7
2009	22.5
2010	18.6
2011	17.1
2012	15.6

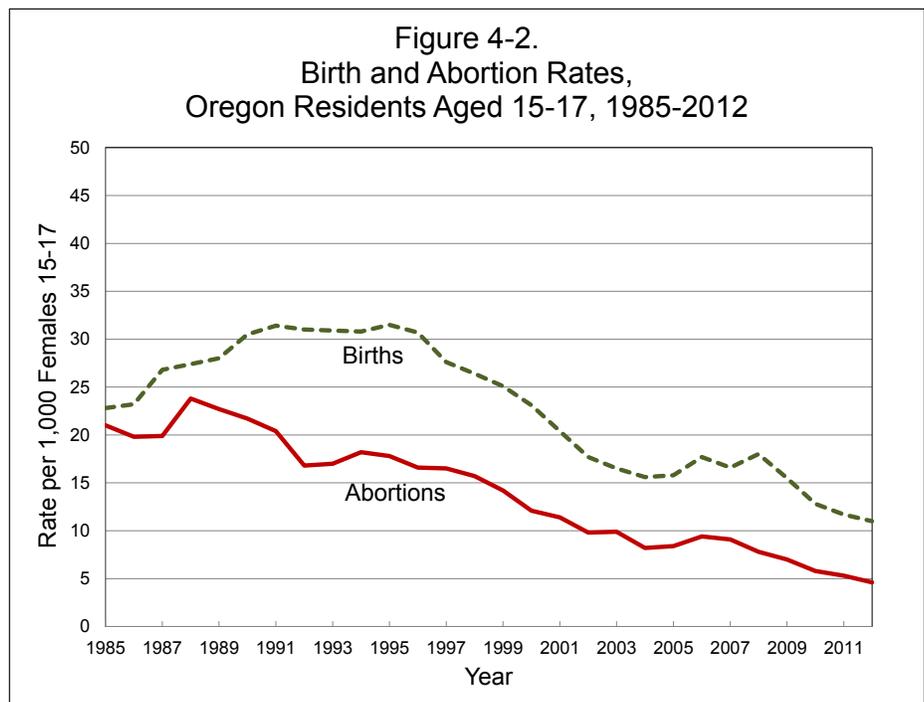
Pregnancy rate per 1,000 Oregon resident females ages 15-17.



Births to teens 15–17

There were 798 births to Oregon teens aged 15–17 in 2012. Of the pregnancies among teens aged 15–17, 70.4% resulted in a live birth, compared to 46.2% in 1980 (Table 4-1). It was the mother’s first child in 93.9% of these births (see Table 4-9). The birth rate for females aged 15–17 was 11.0 per 1,000 females, a decrease of 6.0% from the previous year. Among those who took their pregnancies to term, 95.6% were unmarried at the time of birth (see Table 4-10).

Abortion rates for teens age 15 to 17 decreased 13.2% from 2010.

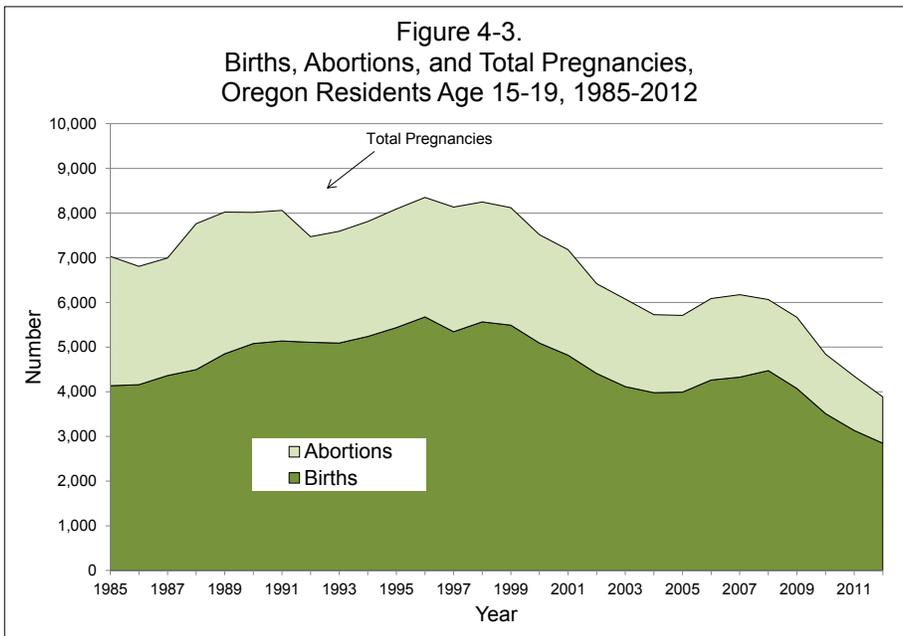


Abortion rates among teens 15–17

Abortion rates among teens decreased 13.2% from 2011. For females aged 15–17, the abortion rate was historically low in 2012 at 4.6 per 1,000 (see Table 4-1, Figure 4-2). There were 335 abortions among Oregon females aged 15–17 reported during 2012, 56 fewer abortions than in 2011. Since the record high abortion rate recorded in 1980, the rate for females aged 15–17 has decreased by more than 85.6% (from 31.9 to 4.6 per 1,000 females).

Figures 4-3 and 4-4 present historical pregnancy outcomes (birth and abortion). As Figure 4-4 indicates, a higher percentage of teen pregnancies were carried to term in recent years than in 1985. Since 1985, the younger the teen, the higher the percentage of terminated pregnancies. However, even among teens under 15, 52.4% of the pregnancies resulted in a live birth in 2012 (see Table 4-2, Figure 4-4).

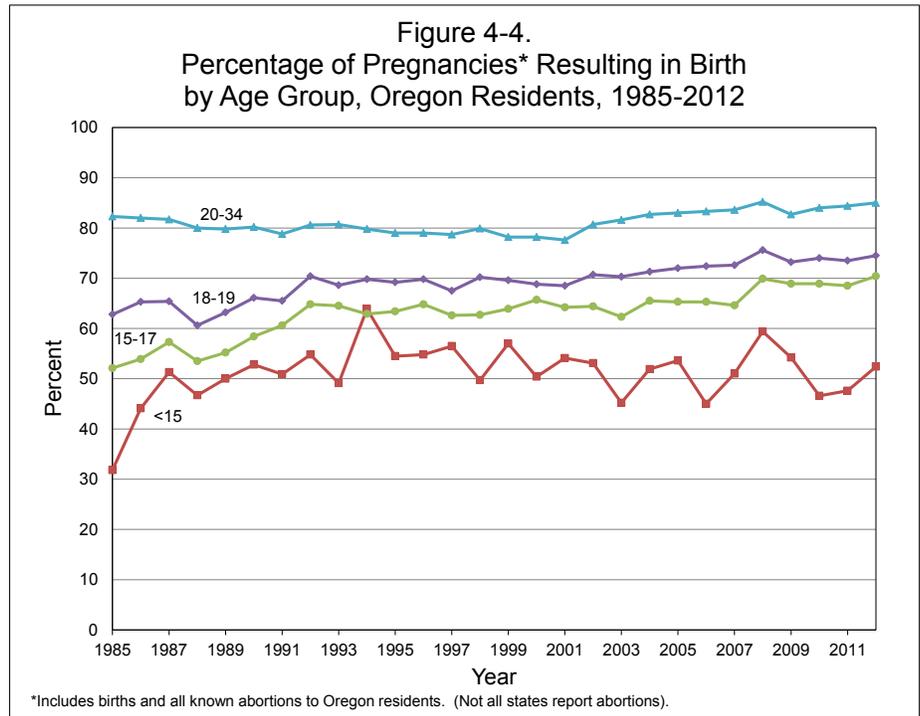
Birth rates for teens age 18 to 19 decreased by 11.5% from 2011.



Oregon females, aged 18–19

In 2012, the pregnancy rate for Oregonians aged 18–19 was 53.9 per 1,000 females, an 11.5% decrease from 2011. Comparisons with the 2011 figures show a decrease in the birth rate (10.3%), while the abortion rate decreased 14.9% among women aged 18–19 (see Table 4-1).

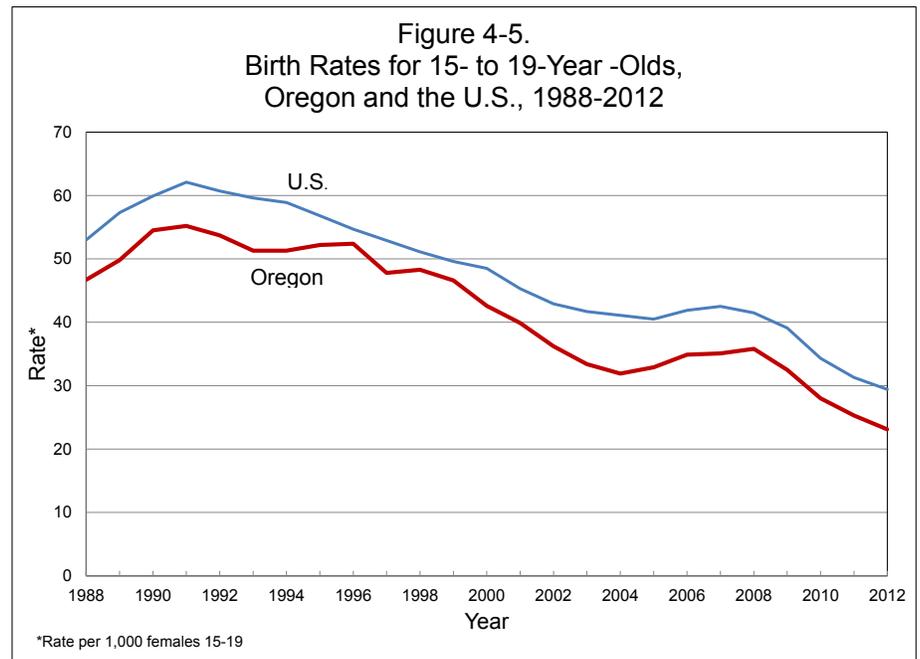
Of the 2,752 pregnancies among women aged 18–19, 74.5% (2,051) resulted in a live birth (see Figure 4-4). It was the first child for 82.2% of this group.



Oregon vs. U.S. birth rates

In Oregon, the birth rate among 15- to 19-year-olds (commonly used in historical and national comparisons) decreased 8.7% in 2012 (23.1 vs. 25.3 per 1,000 females in 2011) (see Table 4-1). The 2012 rate was 58.2% lower than the 1991 rate of 55.2 per 1,000, which is the highest rate recorded during the past quarter century (see Figure 4-5).

Oregon’s 2012 birth rate for 15- to 19-year-old teens was 21.4% below the national rate (23.1 vs. 29.4 per 1,000



females; see sidebar Table 4-B). Oregon’s lower teen birth rate continued to decrease at the same time the state became more diverse. Historically, African American and Hispanic populations have had higher teen birth rates and have been underrepresented in the state’s population. Between the 1990 and the 2010 census, the proportion of racial minorities was relatively stable while the proportion of Hispanic residents tripled from 4% to 12%.¹ Nevertheless, during this period of increased diversity, Oregon’s teen pregnancy rate for 15- to 19-year-olds fell from 86.0 per 1,000 females in 1990 to 31.5 in 2012, a 63.4% decrease (see Table 4-1). (For further discussion of Oregon’s demographic characteristics and teen pregnancy rates, see the Methodology section of Appendix B.)

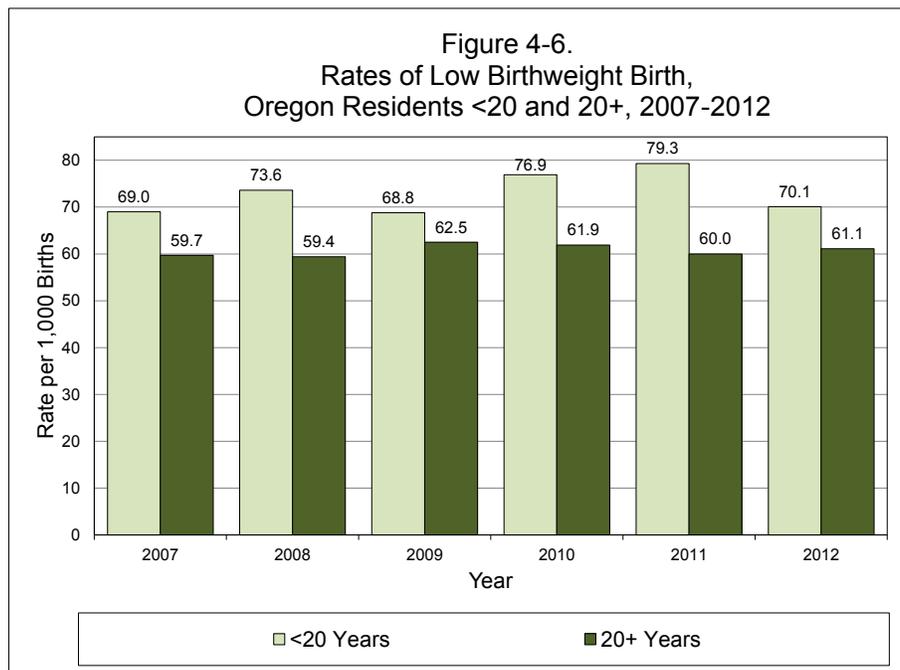
Age	Oregon		U.S.
	2011	2010	2011
15-17	11.7	12.8	15.4
18-19	44.8	50.9	54.1
15-19	25.3	28.0	31.3

¹ All rates per 1,000 females.

Level of infant health

Low birthweight

The best single measure of newborn infant health is low birthweight rate, which is defined as less than 2,500 grams or 5.5 pounds. Low birthweight is closely related to premature delivery and small size for gestational age. Changes in the low birthweight rate for a group might indicate aggregate changes in the mother’s personal behavior during pregnancy or it could indicate other conditions that affect fetal health, such as nutrition or access to prenatal care.



In 2012, the low birthweight rate for teen mothers aged 15–19 was 70.2 per 1,000 births (Table 4-7), a 12.0% decrease from 2011. For 15- to 17-year-olds, the rate (80.3 per 1,000) decreased by 2.4%. The teen rate for low birthweight remained higher than for mothers aged 20 and older (61.1 per 1,000) (see Table 2-27). After two years of increases, the difference in the low birthweight rates between teen and older mothers decreased in 2012 (see Figure 4-6).

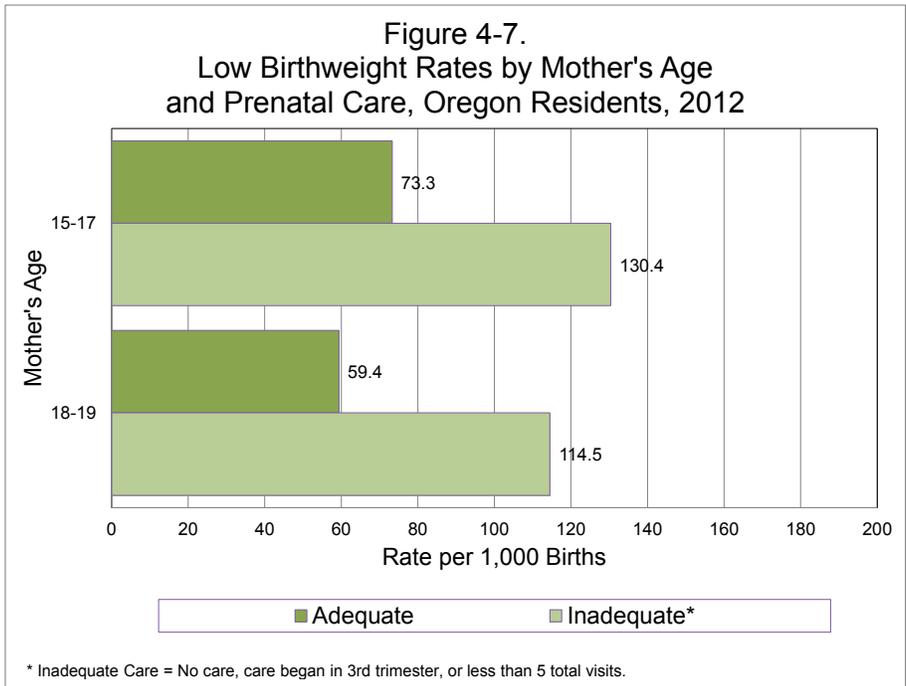
Race and ethnicity

Demographic factors such as race, ethnicity and marital status combine with age to influence the likelihood a teenager will receive early prenatal care. In 2012 for example, 59.2% of unmarried Hispanics aged 15–17 started prenatal care during their first trimester, compared to 63.6% of married non-Hispanic White women aged 18–19 (see Table 4-7).

Low birthweight rates among teen mothers by racial/ethnic grouping are displayed in Table 4-7. Between 2011 and 2012, the rate of low birthweight infants for Hispanic teens aged 15–17 increased by 4.1%. The low birthweight rate for Hispanic teens aged 18–19 during this same period decreased by 37.9%. Among non-Hispanic, non-White groups, the low birthweight rate for teens aged 15–17 increased by 39.9%, while the rate for 18- to 19-year-olds decreased by 4.5%.

Prenatal care

Table 4-6 shows the association between inadequate prenatal care and frequency of low birthweight infants for teens who gave birth in 2012. Among mothers aged 15–19, those who received inadequate prenatal care had a greater number of low birthweight babies than those who had received adequate care (119.1 vs. 63.3 per 1,000 live births). Figure 4-7 shows low birthweight rates per 1,000 live births by adequate and inadequate prenatal care. For mothers 15–17, the rates were 73.3 vs. 130.4; for mothers 18–19, the rates were 59.4 vs. 114.5.



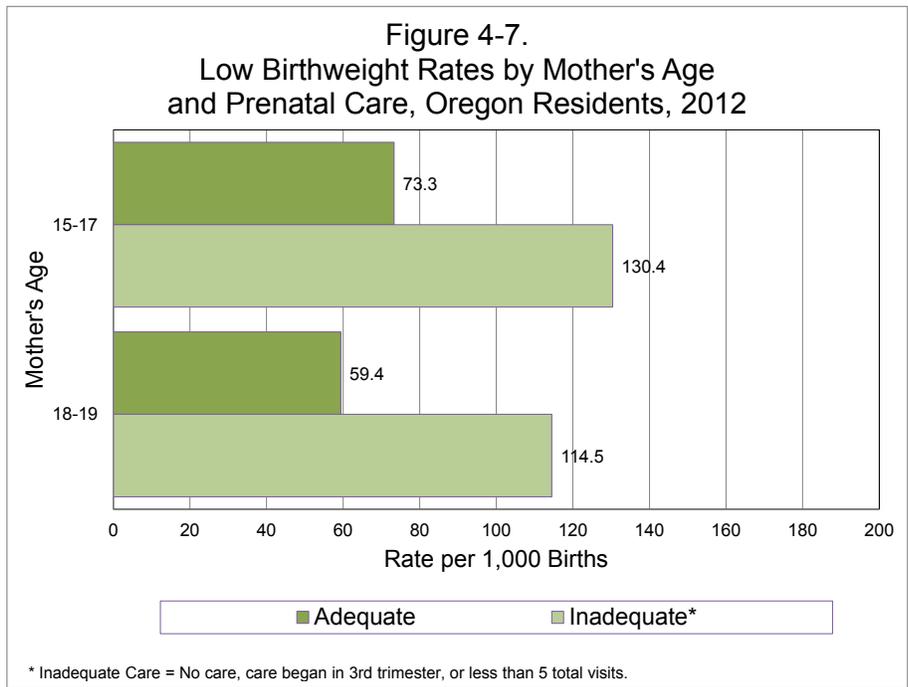
- **Early prenatal care**

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 90% of pregnant women, regardless of age, will begin medical care during the first trimester of pregnancy by the year 2015. Teens are further from this goal than any other age group. In 2012, only 63.6% of teen mothers started prenatal care during the first trimester, compared to 76.8% for women aged 20 and older (see sidebar 4-C). Only 60.5% of those 15–17 received first trimester prenatal care, an increase from 54.6% in 2011 (see Table 4-10).

Table 4-C. Oregon Benchmark: First Trimester Prenatal Care, 2012	
Year 2015 Goal: 90%	
All Women	75.9
All Teens	63.6
15-17 Years	60.5
18-19 Years	65.2
20+ Years	76.8

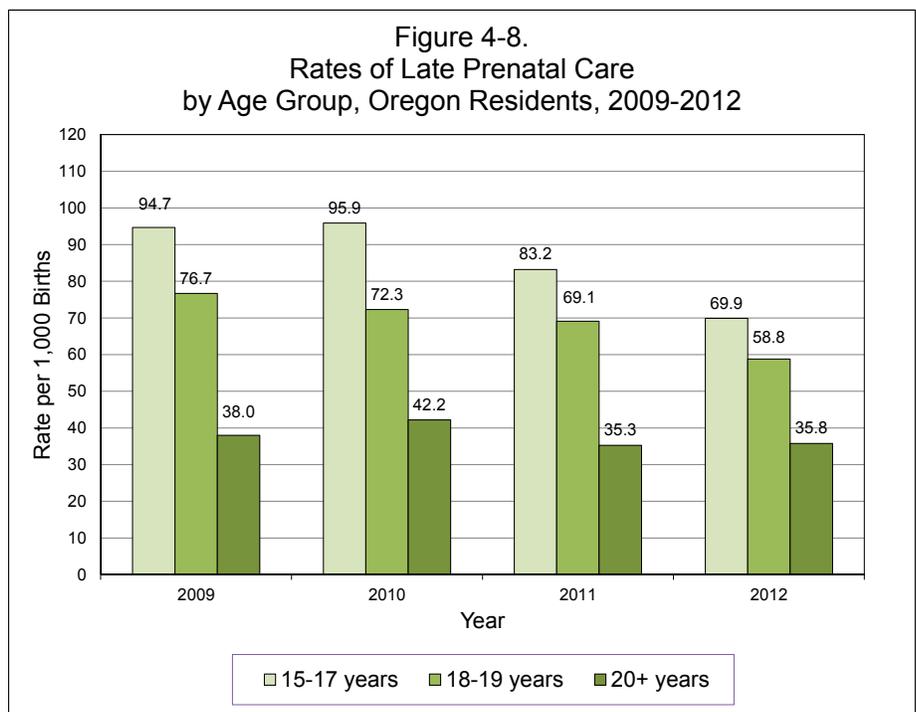
- **Inadequate prenatal care**

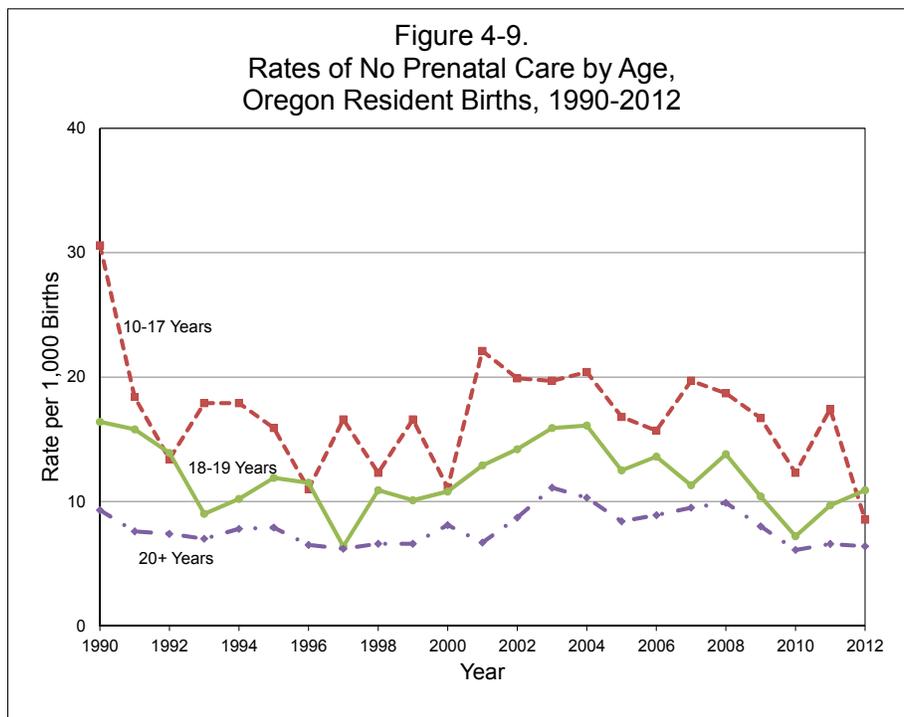
Inadequate prenatal care is defined as no prenatal care, care beginning after the second trimester of pregnancy or involving fewer than five prenatal visits. By this measure, 9.0% of 15- to 17-year-old teens and 8.4% of 18- to 19-year-old teens received inadequate prenatal care in 2012. This compares with 5.3% of women aged 20 or older who received inadequate care (see Table 4-10). The proportion of women under age 20 who received inadequate prenatal care decreased by 13.4% in 2012, from 9.9% in 2011 to 8.6%.



- **Late care and no prenatal care**

From 2011 to 2012, the proportion of teens aged 15–17 that began prenatal care during the third trimester decreased 16.0% to 69.9 per 1,000 live births. In 2012, a slightly higher percentage of teens under age 18 went through pregnancy without a single visit to a medical





provider than did women 20 and older. The rate of no prenatal care among teens 15–17 is 7.6 per 1,000 live births, more than 1.2 times the rate of women aged 20 and older (6.4 per 1,000 live births) (see Table 4-10).

Low Apgar score

The Apgar score recorded by the birth attendant five minutes after birth provides another measure of infant health at the time of delivery. A score of less than 7 is considered low and indicates an infant at greater than normal risk for morbidity and mortality. In 2012, the low five-minute Apgar rate for newborns of mothers aged 15–17 was 20.1 per 1,000 births (Table 4-9), a 46.7% decrease from 2011 (37.6 per 1,000). The low five-minute Apgar rate for infants born to women under age 20 was 18.5% higher than the rate for infants born to women 20 years or older (30.3 compared to 25.5 per 1,000).

Substance use during pregnancy

Estimates of tobacco and alcohol use during pregnancy are presumed to be minimum counts due to underreporting on birth certificates. The legal age to purchase alcohol in Oregon is 21. The legal age to purchase tobacco products

is 18. It is hoped that teen mothers are deterred by Oregon legal age limits placed on the purchase and/or possession of these substances.

Tobacco

The percentage of teens aged 15–19 who reported smoking during pregnancy in 2012 was nearly double the percentage reported by women aged 20 and older (17.9% vs. 10.1%) (see Table 4-9). Women who smoked during pregnancy had a higher number of low birthweight babies than nonsmokers. Mothers aged 20 or older showed the greatest difference between low birthweight rates by tobacco use (103.5 vs. 56.1 per 1,000 live births). This is partly because the low birthweight rate for teen mothers is higher than for women aged 20 and older (see sidebar Table 4-D). Tobacco use remains one of the most important preventable causes of low birthweight infants for teen mothers.

Alcohol

Teens aged 15–19 were less likely to report the use of alcohol during pregnancy than women aged 20 and older (5.7 per 1,000 births vs. 9.0 per 1,000 births).

Source of payment

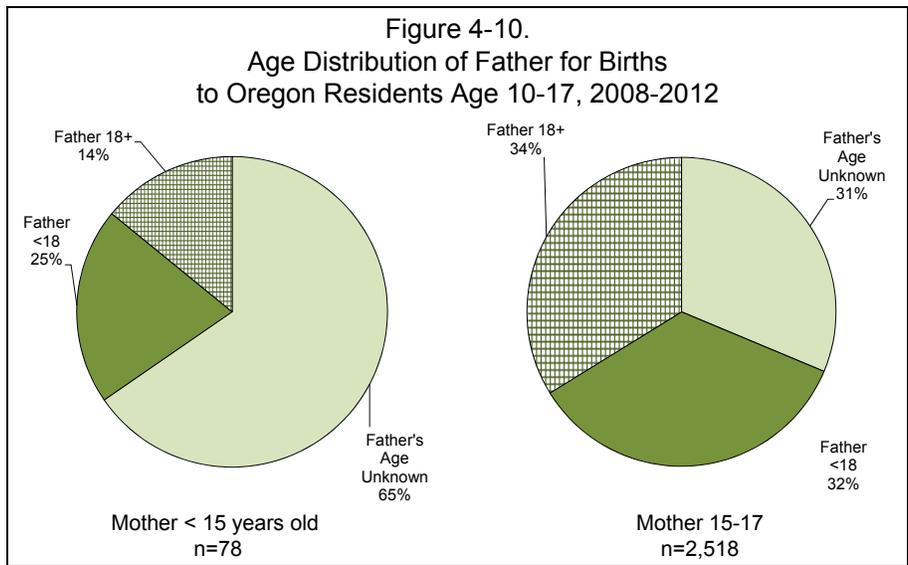
The percentage of teen mothers who used public funds to pay the costs associated with birth was nearly twice that of older mothers. In 2012, Medicaid/Oregon Health Plan paid for 75.8% of births to teens aged 15–19 and 42.7% of births to women aged 20 and older where payer source was reported (see Table 4-10).

Age of father

Between 2008 and 2012, 31.3% of birth records for babies born to teens aged 15–17 did not indicate father's age or the father was not identified on the birth certificate (see Figure 4-10, Table 4-13). Almost two-thirds (65.6%) of the birth records where the mother was under age 15 did not list the father's age. When the father's age was reported for teen mothers under age 15, 77.8% were younger than age 18 and 22.2% were aged 18 or older. Birth records for mothers aged 15–17 report father's age for 66.3% of births. Where the father's age was reported, 30.9% of fathers were under age 18 and 69.1% were aged 18 or older.

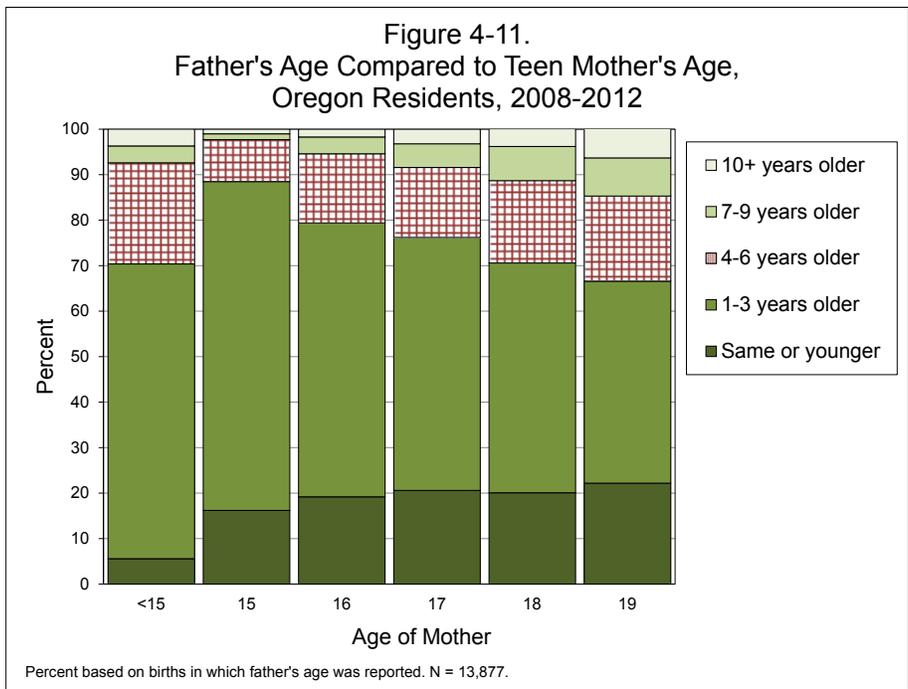
	<20	20+
Nonsmokers	62.9	56.1
Smokers	104.5	103.5

¹ All Rates per 1,000 births



Medicaid/OHP paid for 75.8% of births to teens in 2012.

For all teens, including the youngest mothers (aged less than 15 years), the father was more than six years older than the mother in 11.9% of the births for the 2008–2012 period where the father’s age was reported. The percentage of births to teen mothers where the father was more than six years older than the mother ranged from a low of 2.2% of births to 15-year-old mothers, to a high of 14.9% for 19-year-old teens (see Figure 4-11).



Endnote

1. Source: U.S. Census Bureau, Census 1990, 1990 Census of Population and Housing, Oregon: 1990 Summary Population and Housing Characteristics, Issued June 1992, CP-1-39.
2. Source: U.S. Census Bureau, Census 2010, 2010 Census of Population and Housing, Oregon: 2010 Summary Population and Housing Characteristics, Issued December 2012, CPH -1-39.