

Update On
**Adolescent Pregnancy
In Utah
2004**

UTAH DEPARTMENT OF HEALTH
Scott D. Williams, M.D., M.P.H. Executive Director

DIVISION OF COMMUNITY AND FAMILY HEALTH SERVICES
George W. Delavan, M.D.

Utah Department of Health
Division of Community and Family Health Services
P.O. Box 142001
Salt Lake City, UT 84114-2001

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Executive Summary

Adolescent pregnancy is a persistent health and social problem that has serious consequences at the individual, family, and community levels. Pregnancy during the teen years poses health problems for mothers and their infants. Teen pregnancy increases a family's chances of living in poverty (especially compared with married adults who start families after age 20), and results in high social costs for health care and public assistance. Teen pregnancy may result in: induced abortions, inadequate prenatal care, repeat births before age 20, proportionally higher rates of low birth weight infants and infant mortality, subsequent infant illnesses and/or disabilities, low educational attainment and low marriage rates.

Prevention

Utah's public school-based adolescent pregnancy prevention programs stress sexual abstinence. Utah is also the recipient of federal funding for nine community-based abstinence-only education programs. The federal government has funded a large national multi-centered rigorous evaluation of abstinence programs for which final results will be published in the fall of 2005. Contraceptive access for teens in Utah are restricted in some areas of Utah by a state law that requires parental permission in state funded clinics.

Prenatal Care

In 2002, slightly over half of 15-17 year olds entered prenatal care during their first trimester and all teens (15-19 years) received fewer than the recommended number of prenatal care visits throughout their pregnancies at higher percentages than older women.

Birth Rates

Teen births in Utah account for approximately 7% of all births in the state. In 2002, 3,579 adolescents ages 15-19 gave birth. Just under a thousand (998) children were born to adolescents 15-17 years of age. The 2002 birth rate for Utah teens, ages 15-19, was 34.8 per 1,000 females in this age group compared to the national rate of 43/1000. This birth rate has been steadily declining since the early 1990s. The rate of teen births for all races in Utah is slightly lower than the United States' rate. African American, Native American and Hispanic origin adolescents had higher birth rates in Utah than White adolescents. Teen birth rates in both Utah and the United States are significantly higher than the rates for many Western European nations.

Outcomes

Adolescents in Utah are more likely to deliver a low birth weight infant and face infant mortality than women who wait until at least age 20 to become mothers. Approximately 33% of teens 18-19 years of age are single at the time of their infants' births, while more than 85% of teens 15-17

are unmarried. Utah teens are much less likely than teens nationwide to abort their pregnancies. In 2002, approximately 20% of Utah teen mothers 15-19 years of age were repeat births, which can be an obstacle to an adolescent striving to complete her education. In 2002, achievement of high school graduation was significantly lower (24.6%) for women 15-19 years of age who reported a prior live birth than for those having their first births (85%).

Conclusion

Utah's teen birth rate has been declining steadily since the early 1990s. It is slightly lower than the U.S. teen birth rate. Low socioeconomic status (SES) and ethnically diverse populations are over represented in Utah's teen pregnancy rates. Utah's teen mothers suffer more poor outcomes than older mothers, such as low birth weight births and infant mortality. In addition, children of teen mothers are more likely to encounter other health risks than children of older mothers. Examples of these risks include exposure to environmental tobacco smoke and infrequent seatbelt use.

Recommendations

Although the rate of teen pregnancy in Utah is declining, there is concern about the rising rate of repeat teen pregnancy. Also, due to the poor pregnancy and economic outcomes for teen mothers and their children there continues to be great concern about teen pregnancy, despite the decline in rates. The following recommendations are identified as priority interventions that could be useful in continuing to decrease the trend of teen births in Utah and improving the outcomes for teens and their children.

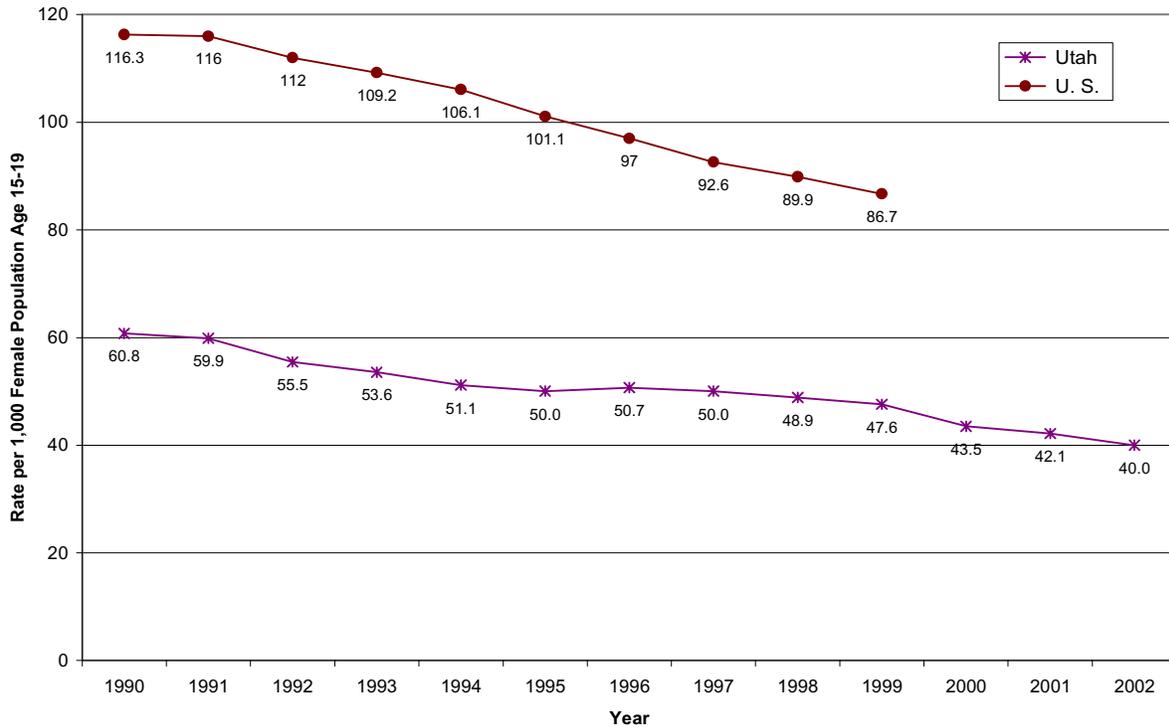
- Continue the promotion of sexual abstinence among teens through innovative programs that educate teens about the importance of remaining abstinent until marriage
- Assure access to contraceptive education and services for those teens who are sexually active
- Facilitate prevention of repeat teen pregnancies by assuring optimal perinatal healthcare for pregnant teens
- Encourage policies that promote completion of high school for pregnant teens
- Assure access to early and continuous prenatal care for pregnant teens

Pregnancy Rates for Utah Teens

The reported pregnancy rate includes live births, fetal deaths and abortions.

Figure 1

**Pregnancy Rate for Females Age 15-19,
Utah and U.S., 1990-2002**



Source: Utah Dept of Health, Office of Vital Records and Statistics
CDC National Vital Statistics Reports, Vol 52, No. 7

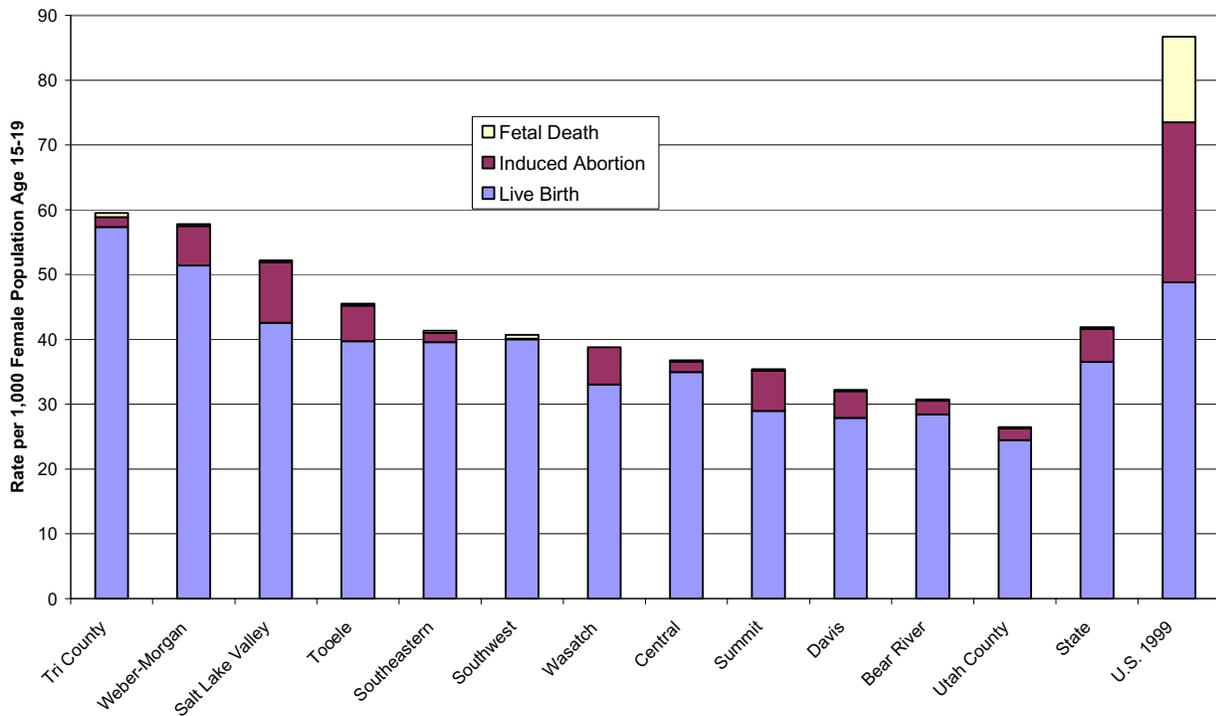
- The rate of reported pregnancies for Utah females 15-19 years of age (per 1,000 population) declined 35% between 1990 and 2002.
- The rate of reported pregnancies for U.S. females 15-19 years of age is significantly higher than Utah's rate, however has also steadily declined since 1990.

Local Health Department Teenage Pregnancy Rates

The reported pregnancy rate includes live births, fetal deaths and abortions. This rate is probably an underestimate of the actual pregnancy rate because it excludes unreported miscarriages, which are estimated to be 20% of live births.

Figure 2

Pregnancy Rate for Females Age 15-19 by Local Health Department and Utah, 3-Year Average, 2000-2002 and U.S. 1999



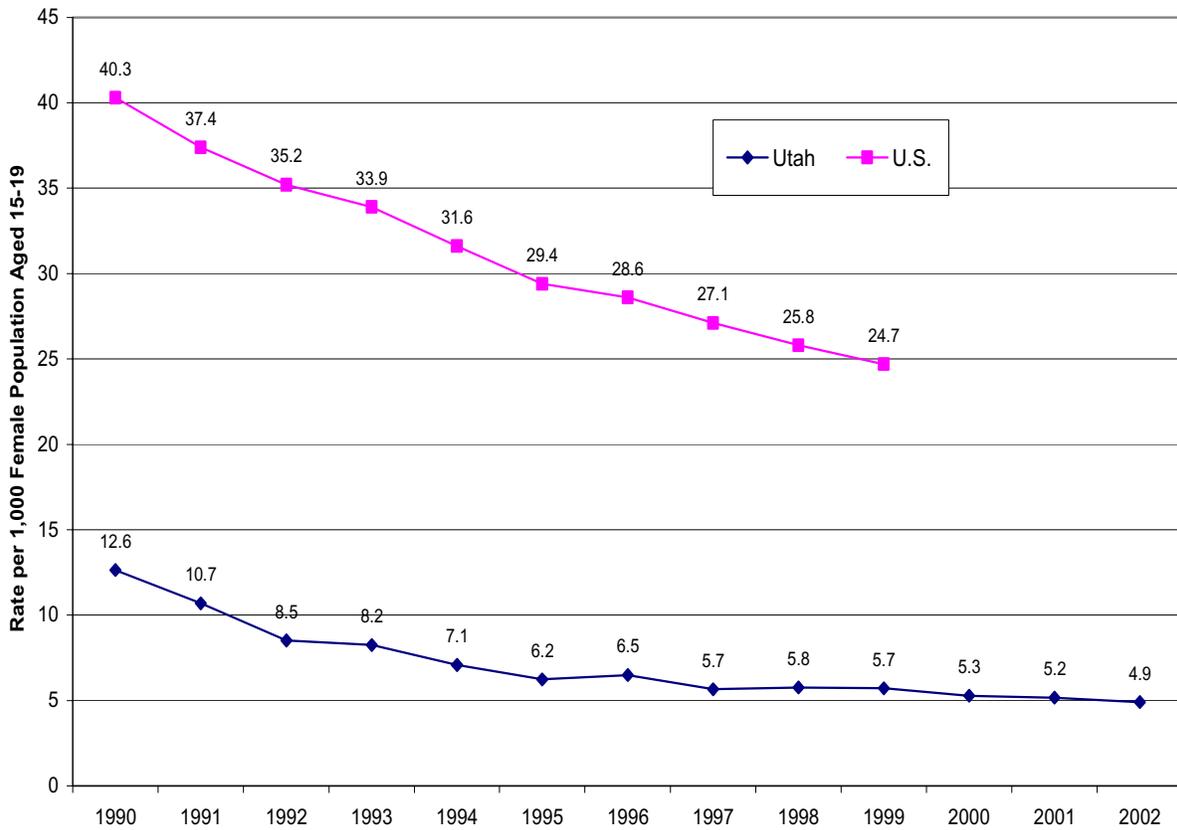
Source: Utah Dept of Health, Office of Vital Records and Statistics
 CDC National Vital Statistics Reports, Vol 52, No. 7

- The three-year average pregnancy rate for Utah teens 2000-2002 was 41.6 (per 1,000 females age 15-19).
- Tri County, Weber-Morgan, and Salt Lake Valley Health Departments (LHDs) led the state in the reported pregnancy rate for 2000-2002.

Induced Abortions

Utah teens tend to have difficulty accessing abortion services since state law requires parental notification. Teens tend to wait to have their pregnancy diagnosed, thus delaying the timing of abortion. Abortion is a safer procedure when performed early in pregnancy.

Figure 3
Induced Abortion Rate for Females Age 15-19,
Utah and U.S., 1990-2002

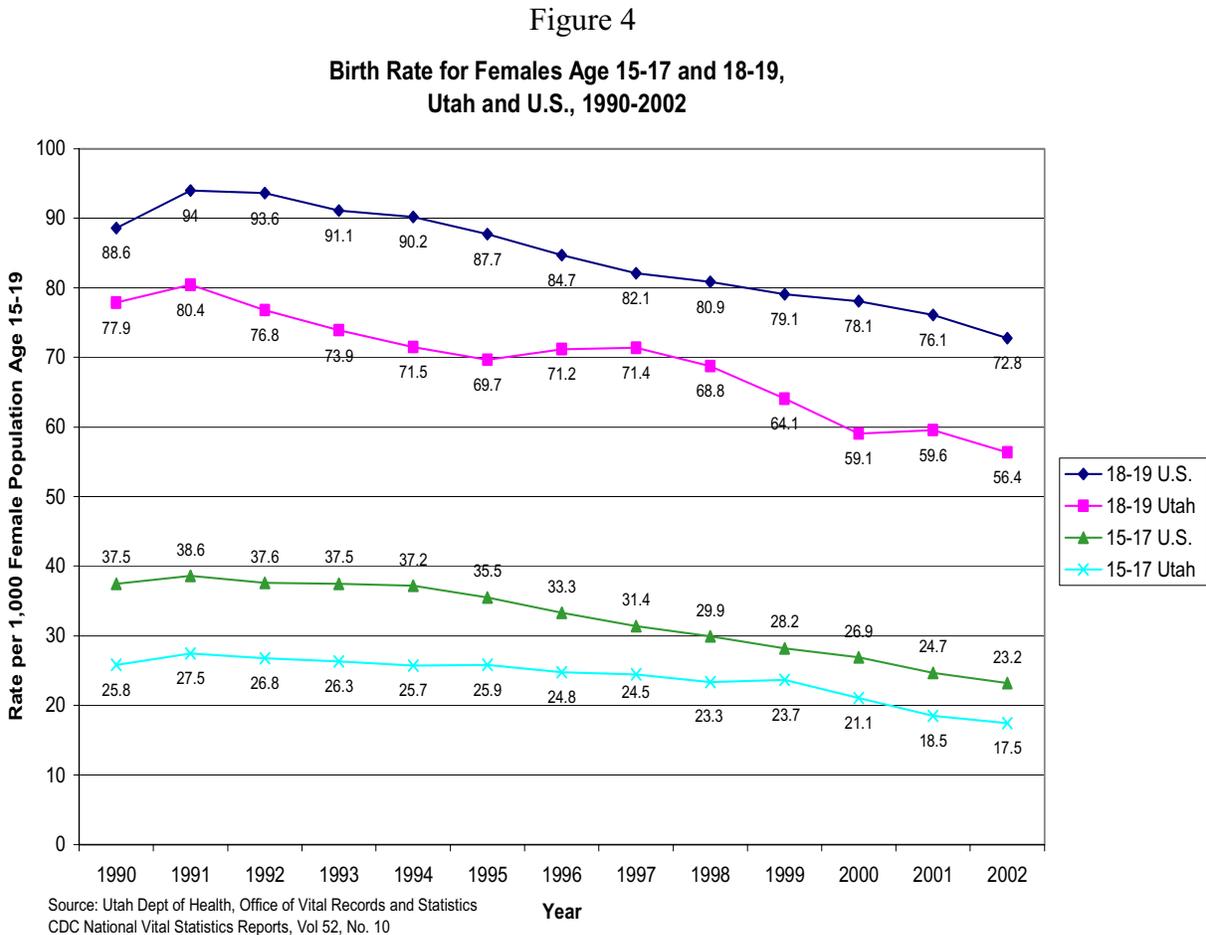


Source: Utah Dept of Health, Office of Vital Records and Statistics
CDC National Vital Statistics Reports, Vol 52, No. 7

- Since 1990, abortion rates have declined among Utah women 15-19 years of age.
- In Utah, additional data from Vital Records indicated that teens aborted 12.3% of teen pregnancies while women 20-44 years of age aborted 5.7% of pregnancies in 2002.
- Additional data from Vital Records indicated in 1997, 36% of teens ages 15-19 who had abortions reported no contraception use during the year before conception, while in 2002, 50% of teens ages 15-19 reported not using contraception during the year prior to having an abortion.

Maternal Age

Over the past 13 years, among Utah women there has been a larger change in live birth rates over time for women 15-17 years of age than women 18-19 years of age.

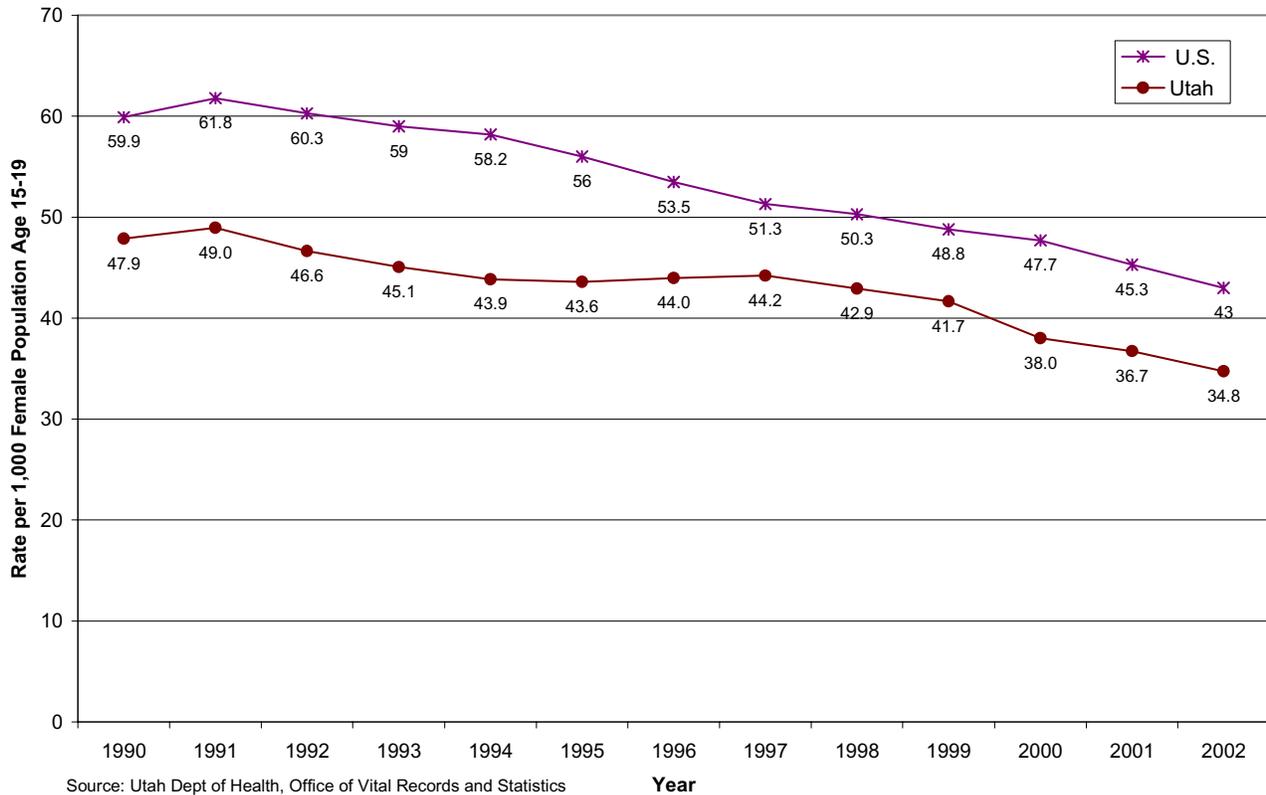


- Birth rates for females 15-17 years of age remained relatively stable around 24 to 26 births per 1,000 teens until 2000 when they started decreasing to the current 2002 rate of 17.5.
- For Utah women 18-19 years of age the teen birth rate peaked in 1991 at 80.4 births per 1,000 teens, and since then declined to the 2002 rate of 56.4.

Birth Rate for Teens

Figure 5

Birth Rate for Females Age 15-19,
Utah and U.S., 1990-2002

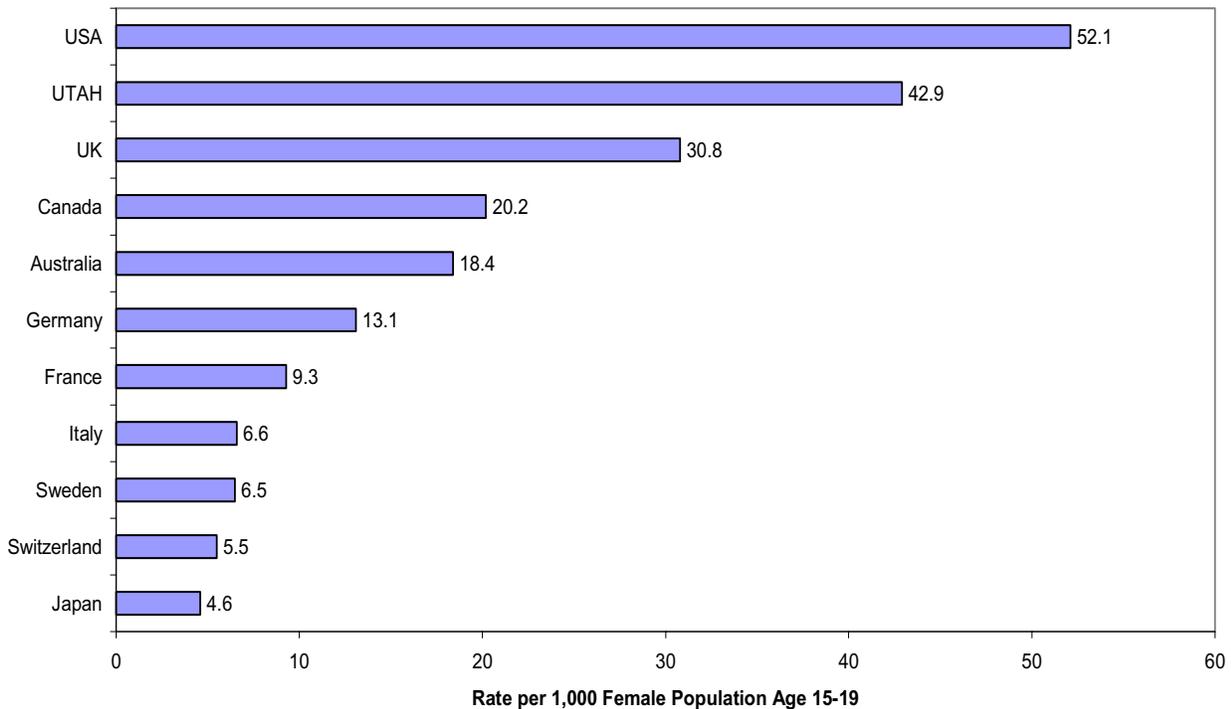


- Since 1991, the overall Utah teen birth rate of 15-19 year old females has been declining.
- Utah teens have experienced lower birth rates than rates recorded for teens nationally.

International Birth Rates

Although Utah's teen pregnancy rate is among the lowest in the United States, the U.S. rate is much higher than other industrialized nations.

Figure 6
Birth Rate of Females Age 15-19 Utah, U.S.
and Selected Countries, 1998



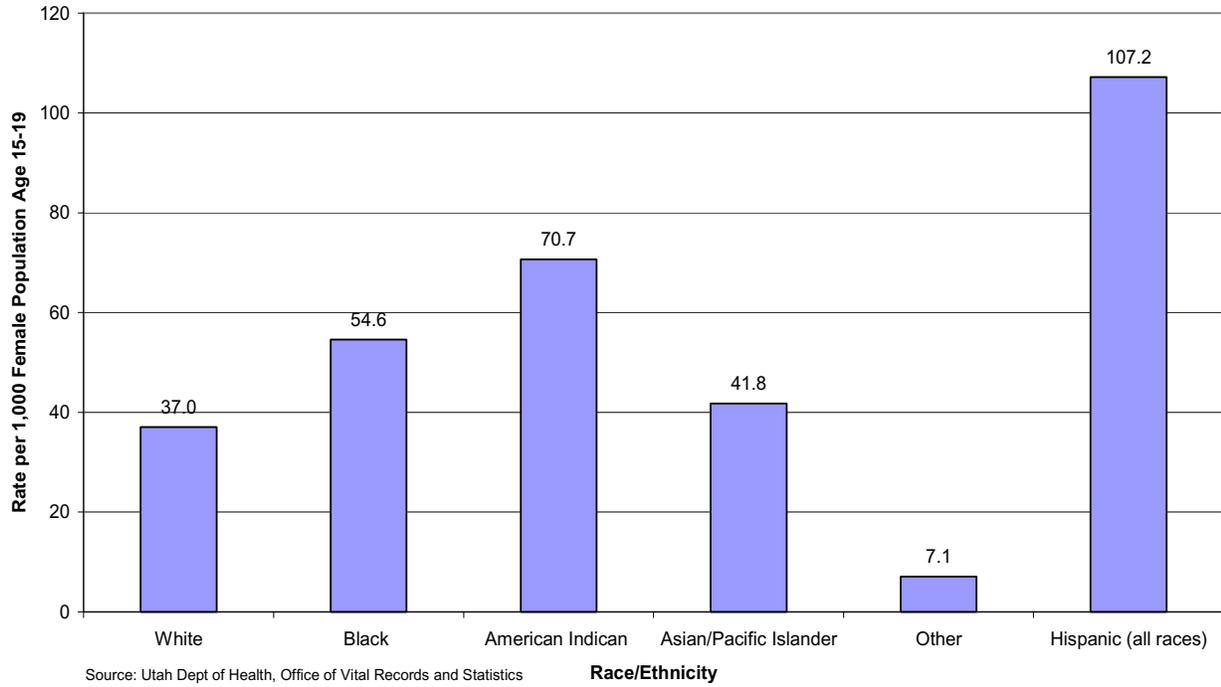
Source: UNICEF, 'A league table of teenage births in rich nations', Innocenti Report Card No.3, July 2001. UNICEF Innocenti Research Centre, Florence.
Utah Dept of Health, Office of Vital Records and Statistics

- The United States, teenage birth rate of 52.1 is the highest in the developed world - and about four times the European Union average.
- Data are for 1998, the most recent year for which comparable information is available from all countries.

Race/Ethnicity

Figure 7

Birth Rate of Females Age 15-19 by Race/Ethnicity,
3-Year Average, Utah 2000-2002



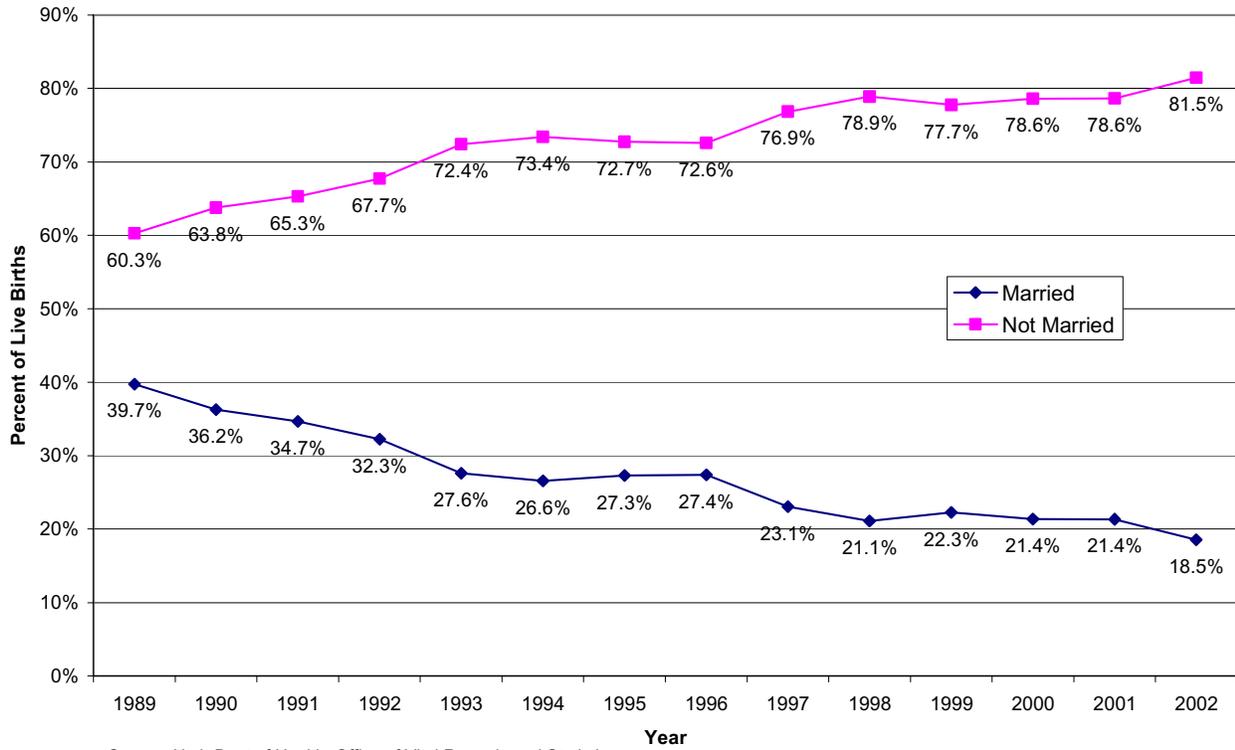
- Birth rates for Hispanic teenagers 15-19 years of age are almost three times greater than for white teenagers.
- Teen birth rates are higher among racial minority teens in Utah than among white teens.

Marital Status Age 15-17

In Utah, births to unmarried women have become a larger proportion of births to Utah teens.

Figure 8

Percent of Females Age 15-17 by Marital Status, Utah, 1989-2002



Source: Utah Dept of Health, Office of Vital Records and Statistics

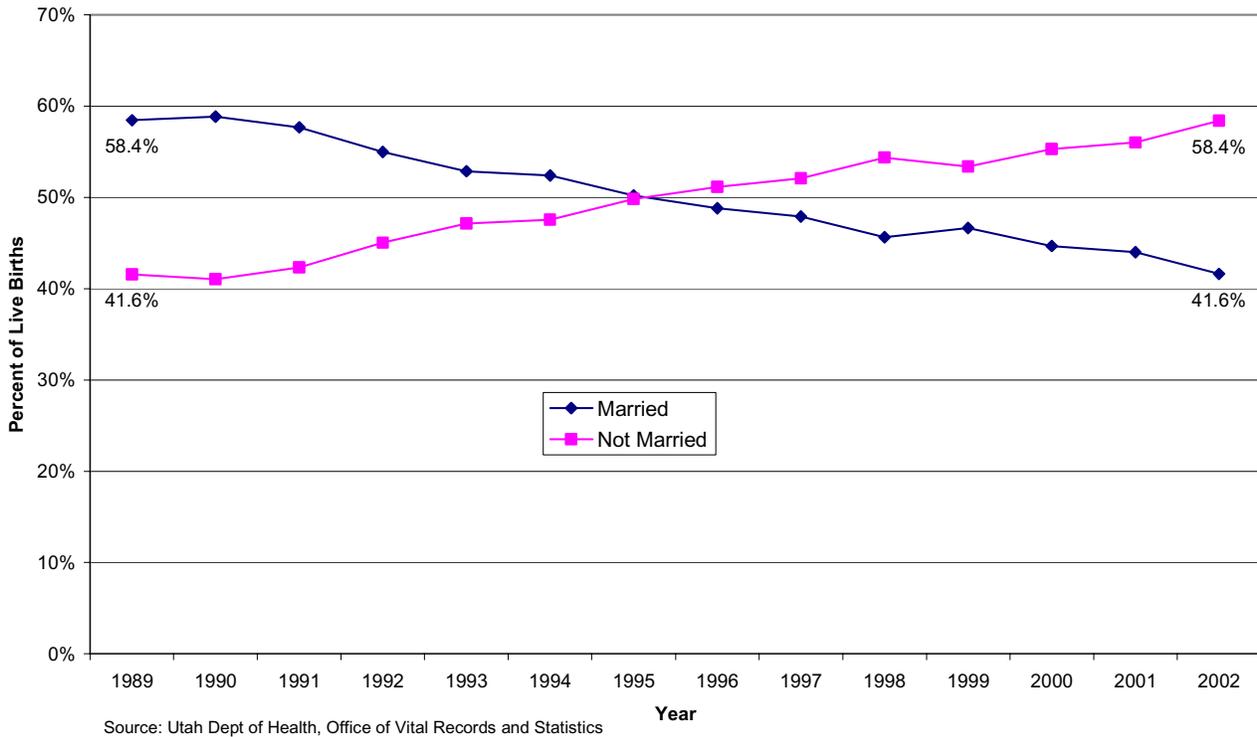
- Among females, ages 15-17 who gave birth in Utah during 2002, 81.5% were not married.

Marital Status Age 18-19

In Utah, births to unmarried women have become a larger proportion of births to Utah teens.

Figure 9

Percent of Females Age 18-19 by Marital Status,
Utah, 1989-2002

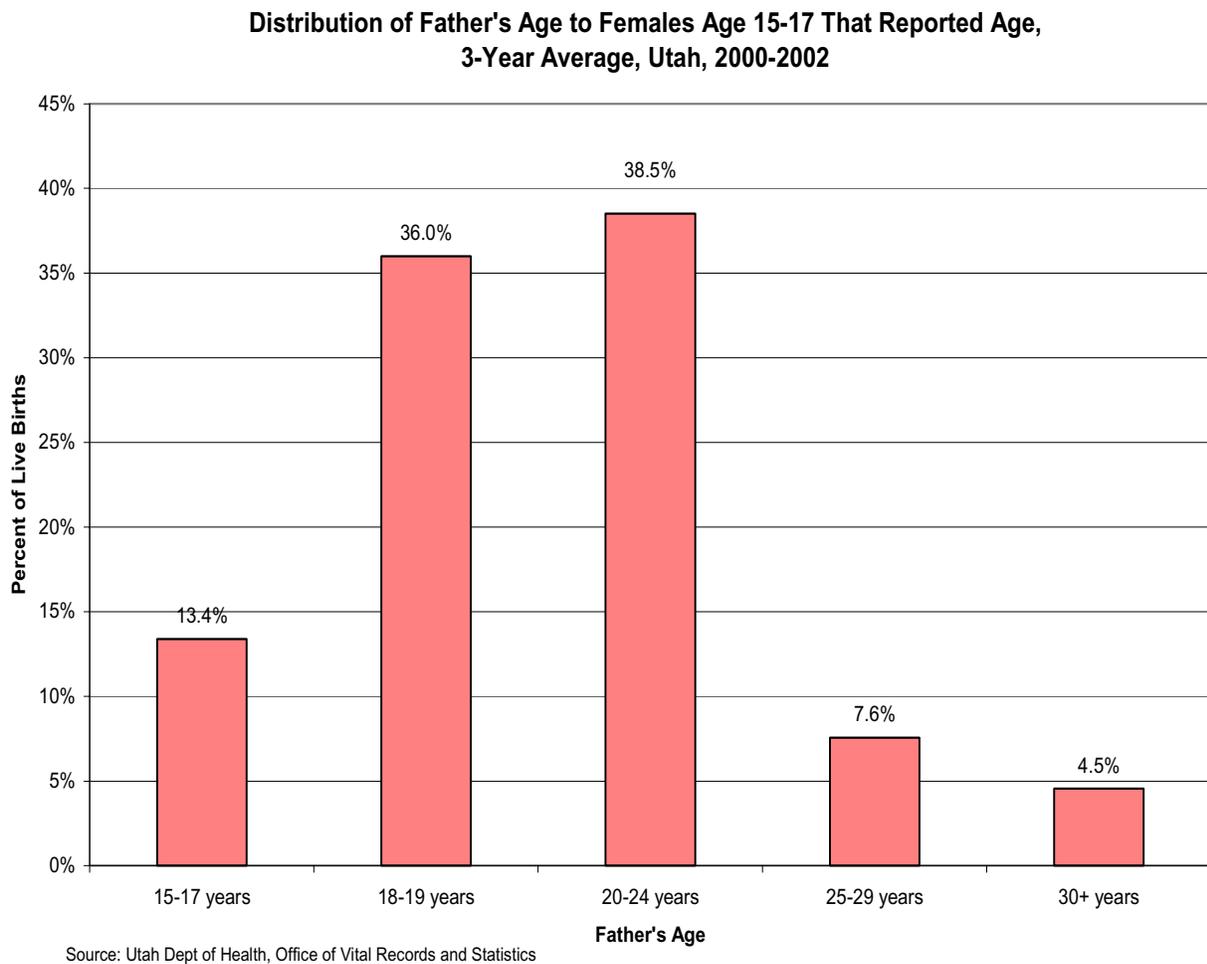


- A smaller percentage of females, ages 18-19 who gave birth in Utah during 2002 (58.4%) were not married.

Age of Father of Infants Born to Adolescent Mothers

National and state data indicate that many teen women are engaging in sexual activity with adult men who are more than three years older. Other statistics indicate that some teen sexual activity may be unwanted by the young women involved.

Figure 10



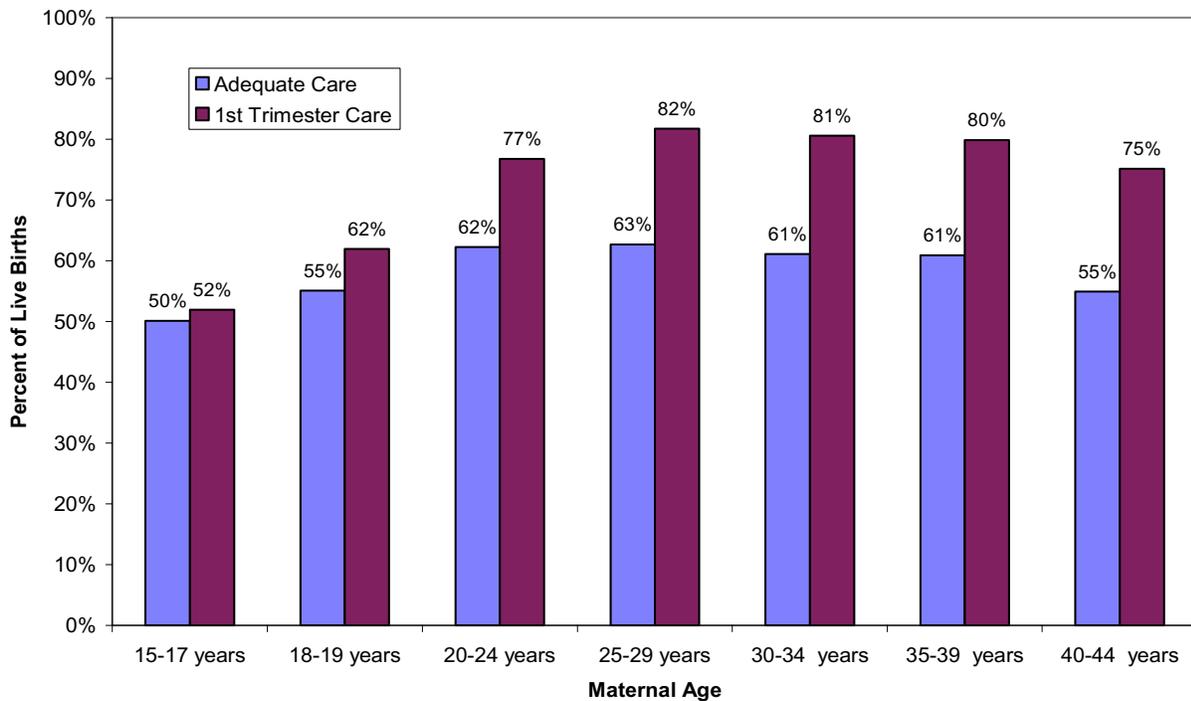
- About one-third (33%) of Utah teen birth's reported little or no information about the father.

Prenatal Care

Prenatal care has long been recognized as an important contributor to ensuring healthy mothers and infants. Prenatal care should consist of early and ongoing risk assessment to identify and intervene with factors that may have an impact on pregnancy outcomes.

Figure 11

Percent of Adequacy of Prenatal Care Compared with Trimester Care Began by Maternal Age, Utah, 2002



Source: Utah Dept of Health, Office of Vital Records and Statistics
Adequate prenatal care is based on the Kotelchuck criteria

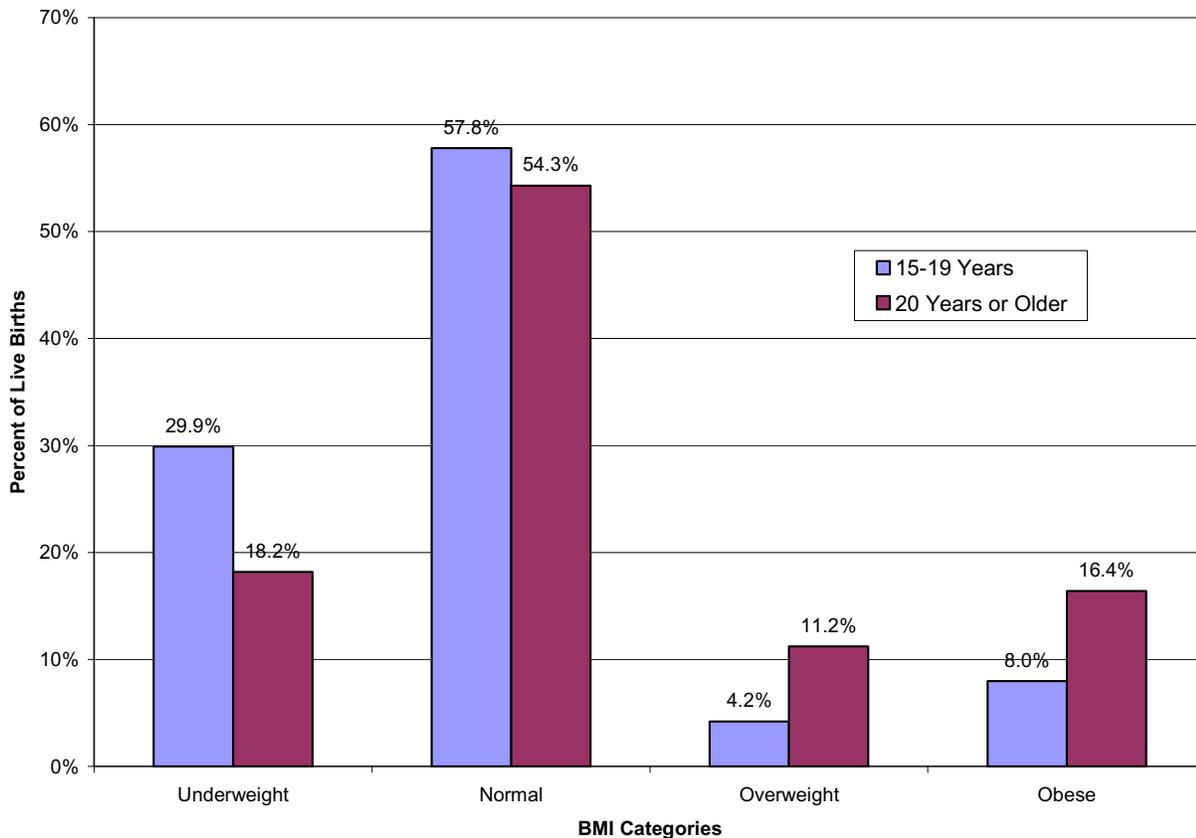
- Only fifty-two percent (52%) of females 15-17 years of age entered care in the first three months of pregnancy.
- Only 50% of pregnant 15-17 year old teens had an adequate number of prenatal visits during their pregnancies.

Body Mass Index

Prepregnancy Body Mass Index (BMI) is an indicator of the overall health of women that can affect pregnancy outcomes. Women who are underweight prior to pregnancy have been reported to be at higher risk for low birth weight births and women who are overweight or obese have been reported to be at higher risk for diabetes and cesarean section delivery.

Figure 12

Percent of Mother's Body Mass Index Categories By Maternal Age, Utah, PRAMS, 2000-2001



Source: Utah Dept of Health, Utah PRAMS data 2000-01

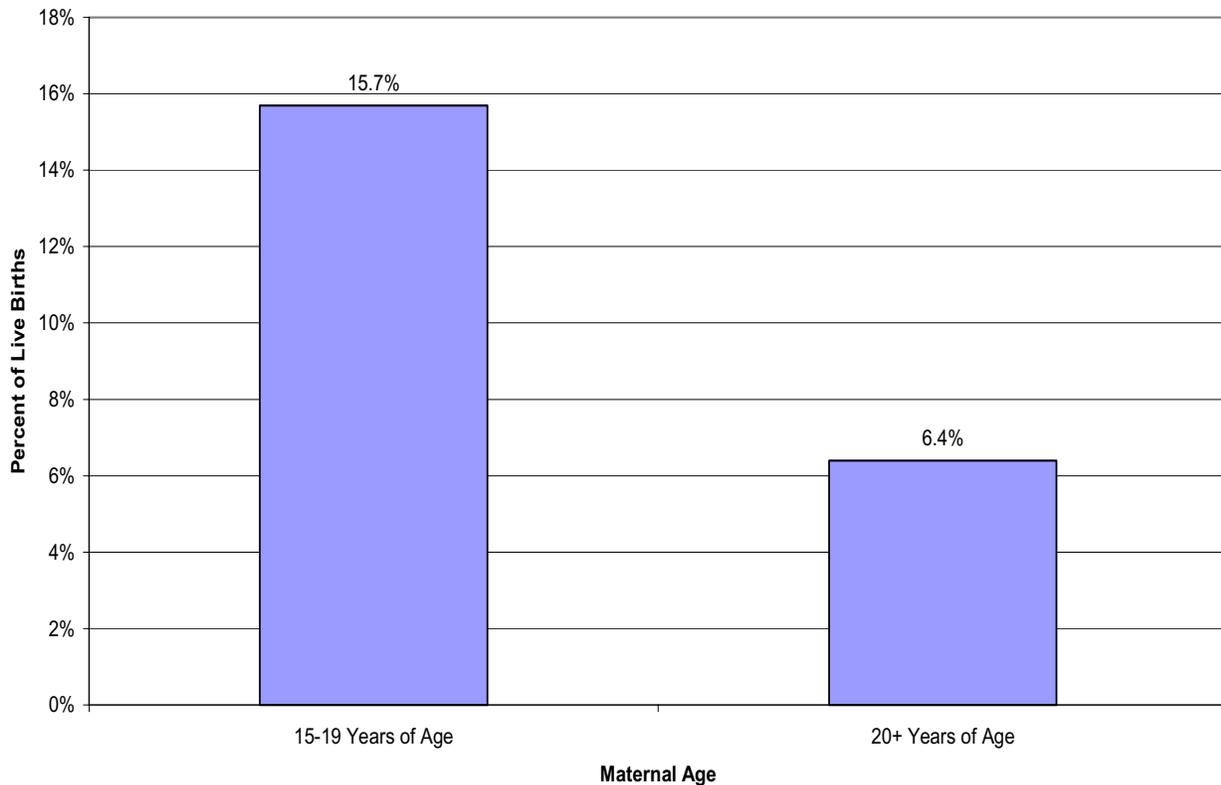
- Although the largest percentage of Utah teens who delivered liveborn infants during the years 2000-2001 had a normal pre-pregnancy BMI, almost 30% of teens 15-19 years of age reported being underweight prior to pregnancy

Smoking During Pregnancy

Tobacco use during pregnancy can lead to low birth weight infants. While Utah reports low smoking rates among pregnant women in general, rates among Utah teen mothers are disproportionately high.

Figure 13

Percent of Mothers that Smoked During Pregnancy by Maternal Age, Utah, 2002



Source: Utah Dept of Health, Office of Vital Records and Statistics

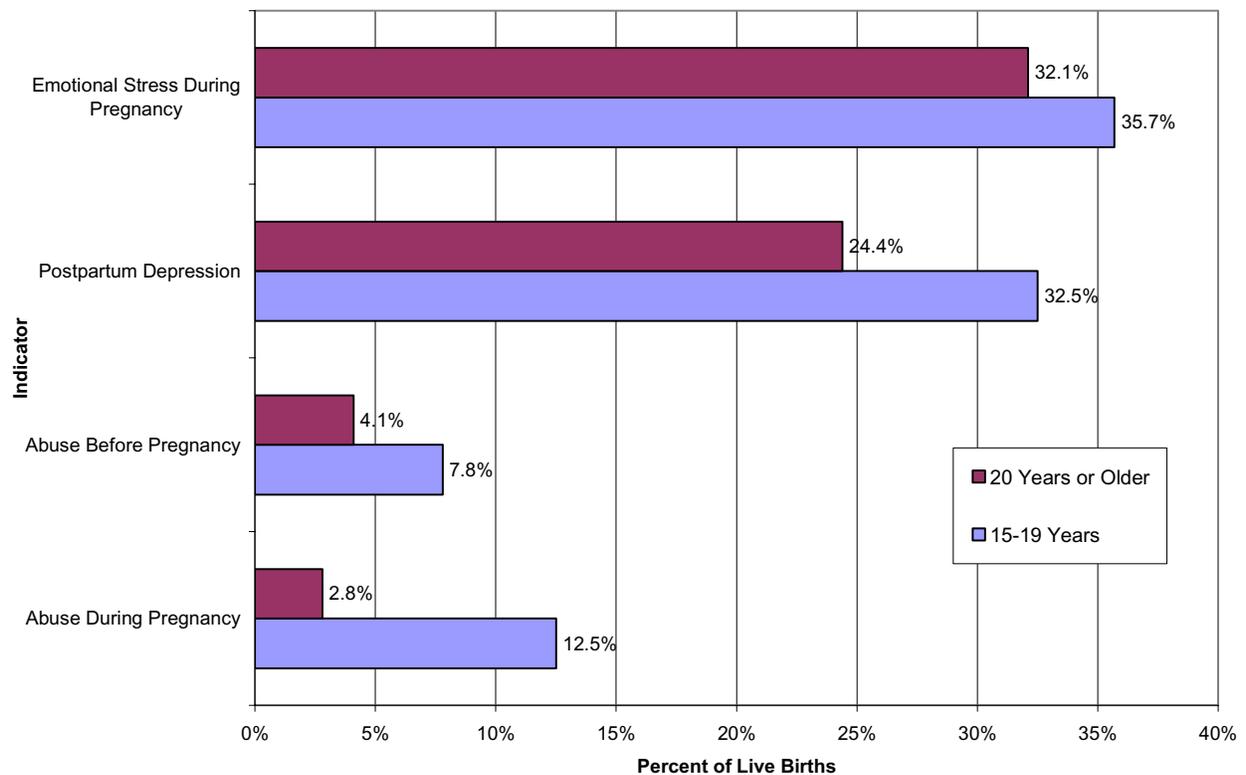
- Teens aged 15-19 years are one and one-half times as likely to smoke during pregnancy than pregnant women 20 years or older.

Emotional Stress During Pregnancy

Selected emotional indicators related to teen mothers were analyzed from the Utah Pregnancy Risk Assessment Monitoring System (PRAMS) data. These data were compared to older mothers. Emotional stress is measured by a mom answering yes to either a close family member being very sick and having to go to the hospital or someone close to them dying during the 12 months before the baby was born. Abuse is defined as husband or partner pushing, hitting, slapping, kicking, choking, or physically hurting you in any other way, with before pregnancy being defined as the 12 months prior to pregnancy.

Figure 14

Percent of Mothers Who Identified Emotional Indicators by Maternal Age, Utah, PRAMS, 2000-2001



Source: Utah Dept of Health, Utah PRAMS data 2000-01

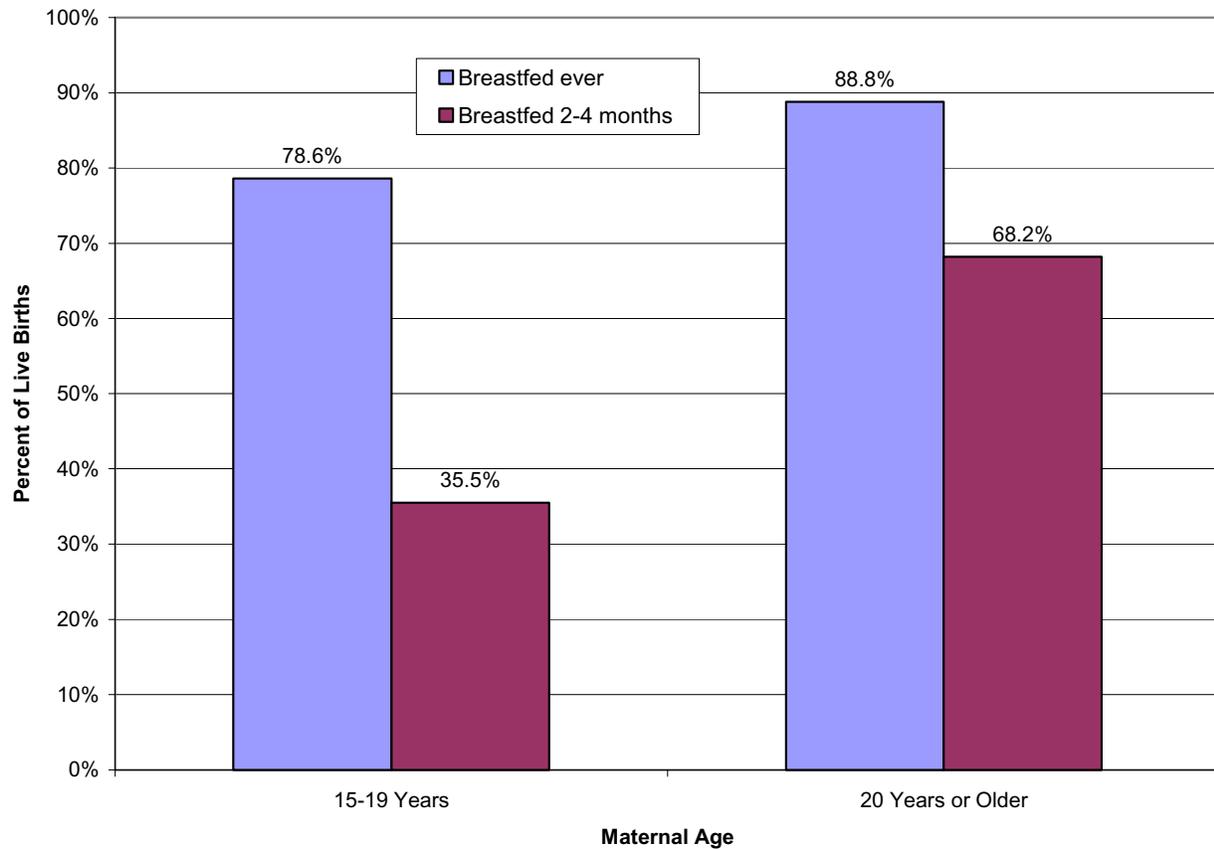
- Teen mothers were more likely to experience emotional stress during pregnancy and they were also considerably more likely to experience postpartum depression.
- Abuse during pregnancy decreased for older mothers but increased for teens, who were more than three times more likely to experience abuse during pregnancy than mothers 20 or older were.

Breastfeeding

Breastfeeding is the preferred method of infant feeding as it is nutritionally superior, provides important immunity to the infant and promotes mother-infant attachment.

Figure 15

Percent of Mothers Breastfed Ever and 2-4 Months after Delivery by Maternal Age, Utah, PRAMS, 2000-2001



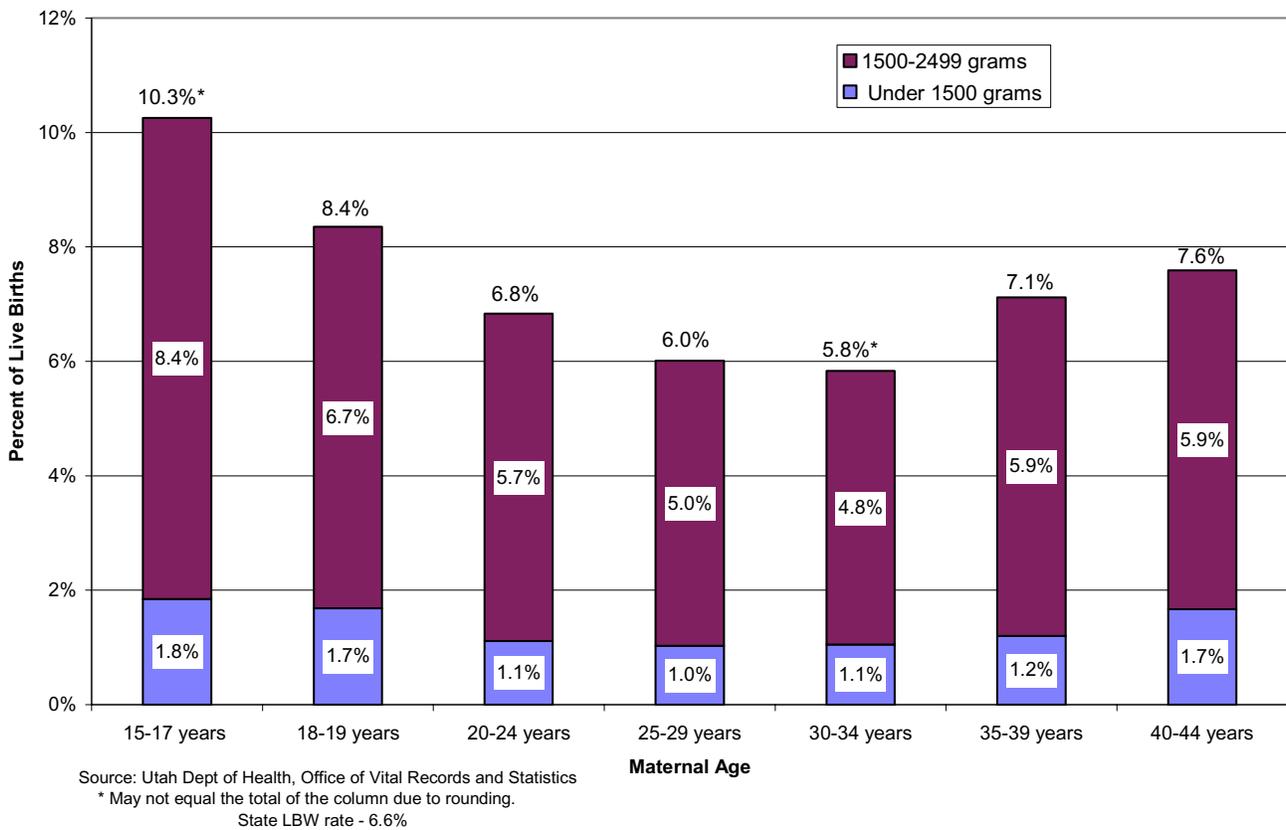
Source: Utah Dept of Health, Utah PRAMS data 2000-01

- Data indicate that teen mothers initiate breastfeeding at lower rates than older mothers and are not as successful at maintaining breastfeeding as older mothers.

Low Birth Weight

Infants born to teen mothers are at greater risk for low birth weight, preterm delivery, and other complications. Low weight at birth (infants born weighing less than 2,500 grams or 5.5 pounds) is related to poor infant health, such as respiratory distress, newborn anemia, neurological problems, and even death.

Figure 16
**Percent of Infants Born Low Birth Weight by Maternal Age,
 3-Year Average, Utah, 2000-2002**



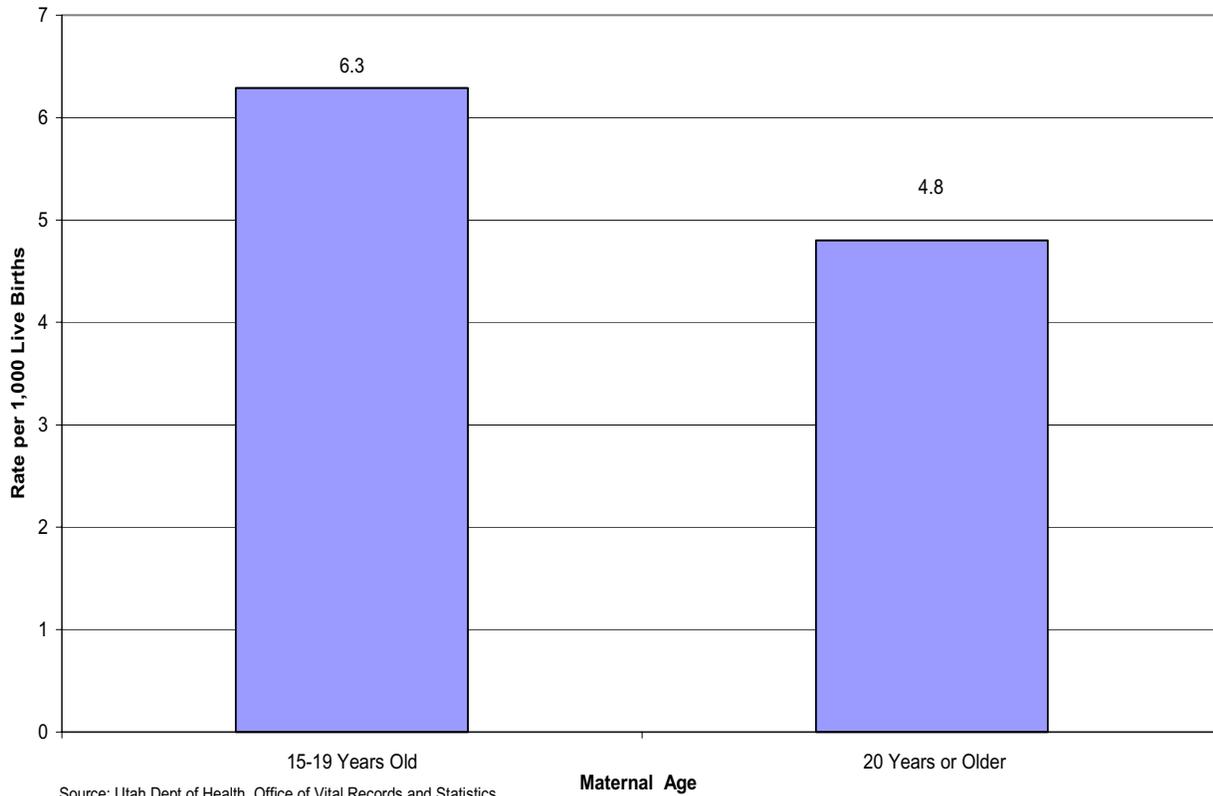
- Mothers ages 18-19 had a 30% higher rate of low birth weight infants than mothers 20 and older.
- Mothers ages 15-17 had a 61% higher rate of low birth weight infants than mothers 20 and older did.

Infant Mortality

Infant mortality is often used as an indicator of the health of a population. Utah's infant mortality rate has ranked as one of the lowest in the U.S. for a number of years. However, there are sub-populations in Utah at higher risk for infant mortality, including adolescent mothers.

Figure 17

Rate of Infant Mortality by Maternal Age,
3-Year Average, Utah, 2000-2002



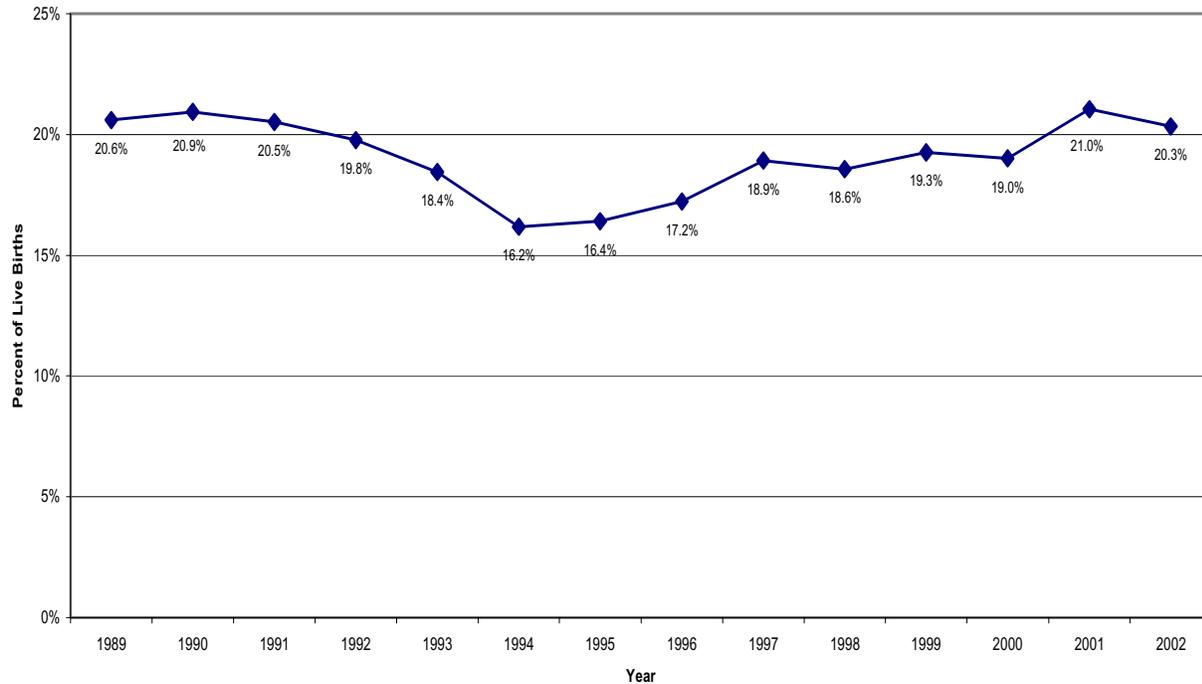
- Infants born to mothers under 20 years of age were 31% more likely to die than infants born to older mothers

Repeat Pregnancies

Teens that have been pregnant are at great risk of having another pregnancy during their adolescent years. These mothers may incur compounded physical and psychological risks with more than one pregnancy during their teen years.

Figure 18

Percent of Repeat Births to Females Age 15-19,
Utah, 1989- 2002



Source: Utah Dept of Health, Office of Vital Records and Statistics

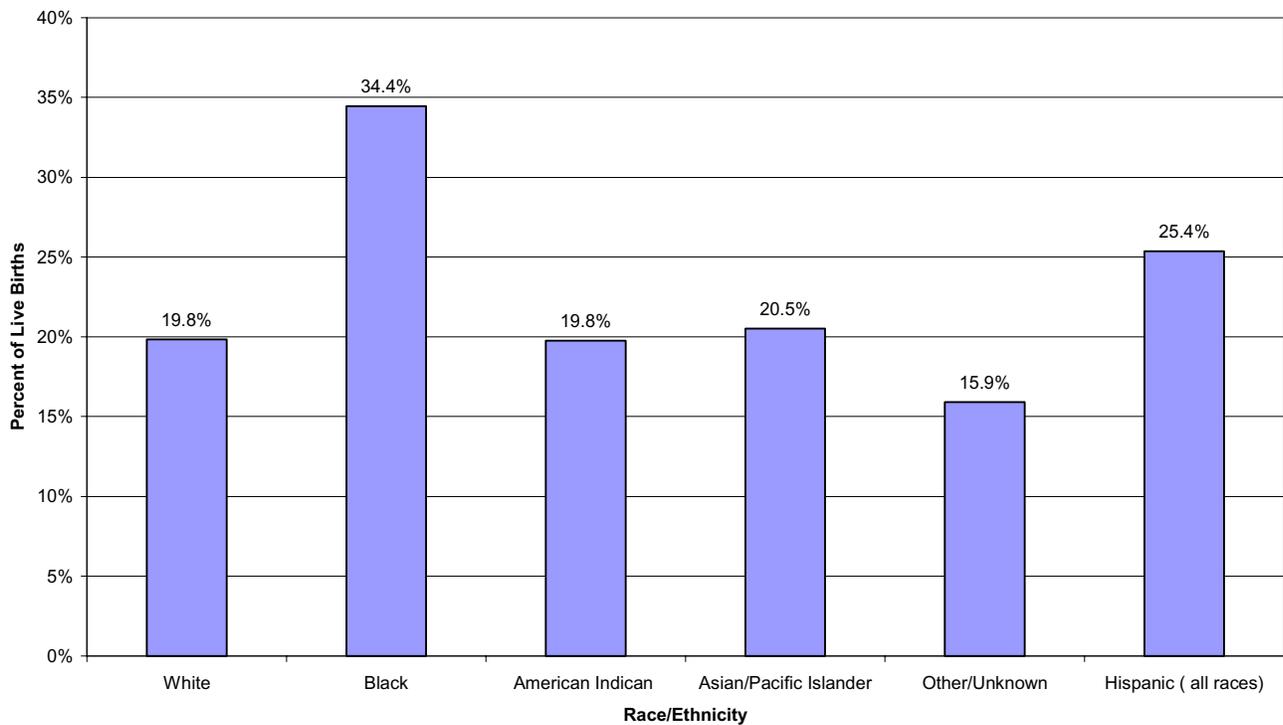
- Data for 2002 indicate that about 20% of births among teens 15-19 years of age were to adolescents who had given birth previously.
- There has been an increasing rate of repeat births to teens since the mid-1990s.
- During 2002, among teens that delivered live born infants 36% of black teens, 24% of Pacific Islander teens, 22% of Asian teens, 20% of Native American teens and 20% of white teens had a repeat teen birth.

Repeat Pregnancy by Race and Ethnicity

As previously mentioned, repeat teen pregnancy often times creates compounded risks for both the teen mother and her children. The incidence of a second or subsequent live birth is examined below by mother's race or ethnicity.

Figure 19

Percent of Repeat Births to Females Age 15-19
by Race/Ethnicity, Utah, 2000-2002



Source: Utah Dept of Health, Office of Vital Records and Statistics

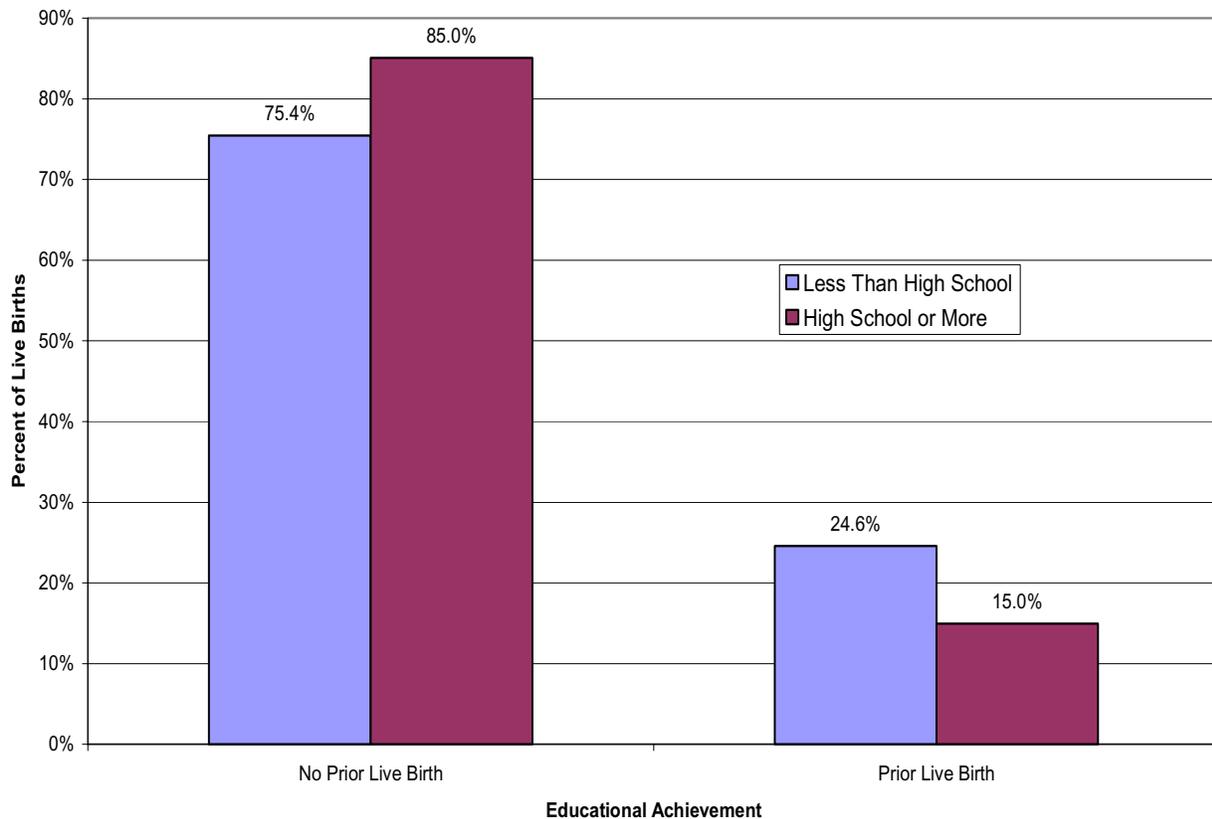
- Utah's black teens have the highest rates of repeat teen births, followed by Hispanic teens.
- White, Native American and Asian and Pacific Islanders have similar rates of repeat teen births.

Repeat Pregnancy and Educational Attainment

One of the major concerns often expressed about pregnancy during the teenage years is the potential impact on educational attainment for the adolescent mother. Education attainment data from Utah birth certificates among females who gave birth during 2002 were reviewed.

Figure 20

Percent Educational Achievement of Females Age 15-19 Who Gave Birth, Utah, 2002



Source: Utah Dept of Health, Office of Vital Records and Statistics

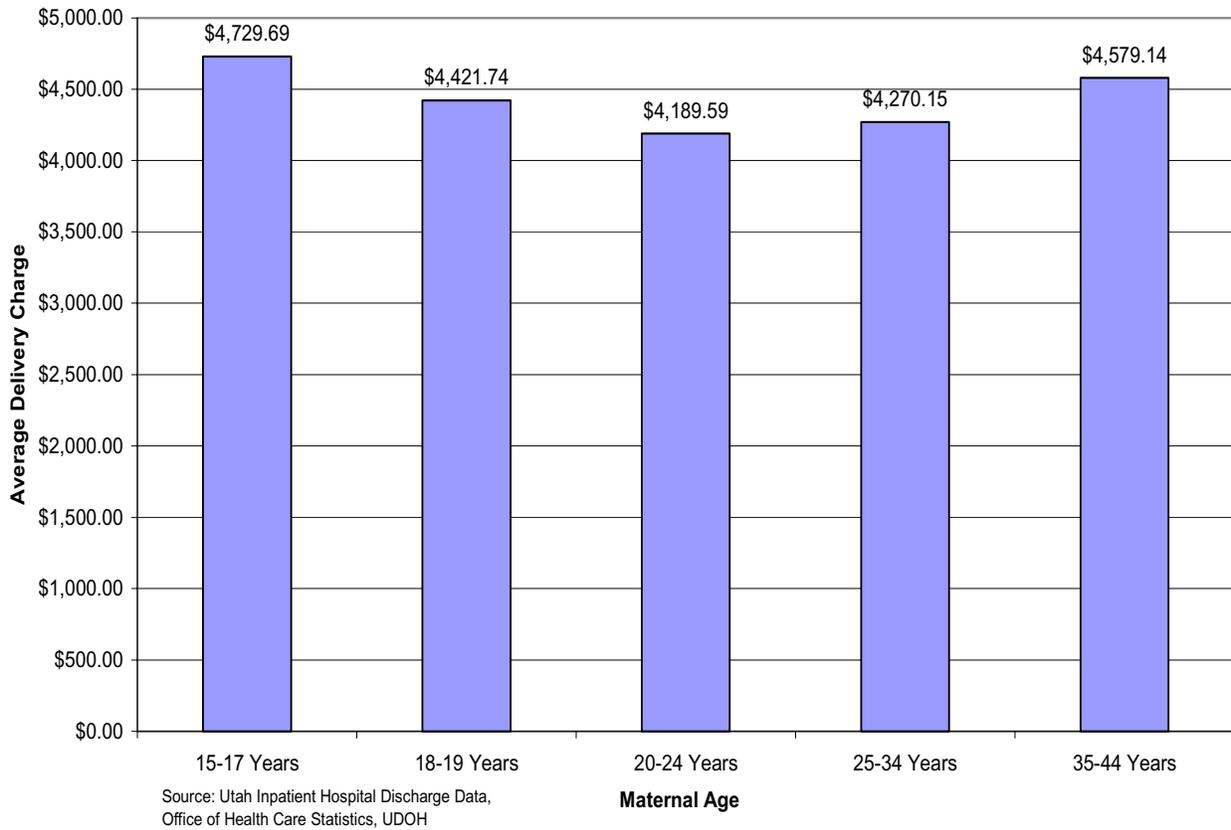
- Repeat pregnancy among teens has a dramatic effect on educational achievement with 25% of teens with a prior live birth completing less than high school compared to over 75% of teens experiencing their first birth completing high school.

Costs for Delivery of Infant

Some teens' prenatal care, labor and delivery costs are covered through their parent's private health insurance, while others are covered Medicaid. Some teens may not have any health insurance coverage.

Figure 21

**Average Hospital Delivery Charges by Maternal Age,
Utah, 2002**



- State average charges in 2002 for all ages were \$4,290.06.
- Average hospital delivery charges are highest among teens.