Research indicates that bearing a child during adolescence is associated with long-term difficulties for the mother, her child, and society. These consequences are often attributable to the poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.

**Poor Birth Outcomes**

Pregnant teens are especially at risk for a variety of poor outcomes, including:
- Inadequate prenatal care
- Low birth weight and preterm birth
- High maternal and newborn health care costs
- Increased infant mortality and morbidity

**Infant Death Rate**

*Figure 1.* Infant death rate and percentage of low birth weight births by mother’s age, Utah 1995-2000.

A remarkable trend over the past decade has been the steady decline in teen pregnancy, both in Utah and throughout the United States. The rate of teen pregnancy (defined as births plus abortions and fetal deaths) declined from 60.8 births per 1,000 women 15-19 in 1990 to 43.8 in 2000. Pregnancy rates declined in both the 15-17 and 18-19 year old age groups (Figure 2).

**Declining Teen Abortion Rate**

While there were many more teen births than teen abortions, the rate of abortions to teens declined more sharply than the birth rate (Figure 3). By 2000 the abortion rate for teens 15-19 in Utah declined almost 60% from the 1990 rate. Figure 4 shows the relative contribution of births and abortions to teen pregnancy in Utah’s local Health Districts.

**Marital Status**

Although the overall teen birth rate has been declining, the proportion of teen births to unmarried mothers has increased.
Live Births by Marital Status

*Figure 5. Proportion of live births for females age 15-19 by marital status and year, Utah 1984-2000.*

- In 1990 almost two-thirds of teen mothers were married at the time the baby was born.
- In 2000 62% of the births to women 15-19 were to unmarried mothers.

Public Health Interventions

Utah public health agencies promote teen pregnancy prevention and healthier babies for teen parents by:

- Providing teen pregnancy assessment data for local prevention efforts.
- Supporting abstinence education and motivational programs to youth age 10-14.
- Financing prenatal, obstetrical and newborn care.
- Supplementing the nutrition of women, infants and children.