

Teen Pregnancy

CURRENT TRENDS

In 1998, there were 8,439 pregnancies to Oregon females under age 20. Of these, 56.6 percent had neither completed high school nor obtained a general equivalency diploma (GED). Of those who took their pregnancies to term, 75.9 percent were unmarried at the time of birth. Because of 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 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

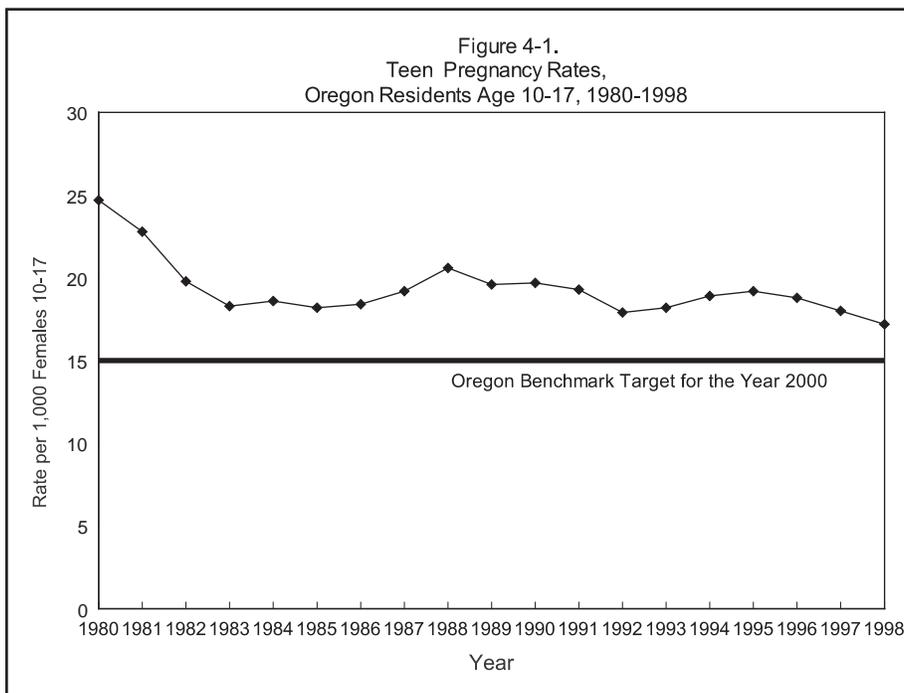
Efforts at preventing teen pregnancies are focused primarily on females under age 18. In 1998, the pregnancy rate among 10- to 17-year-olds decreased 4.4 percent, from 18.0 per 1,000 in 1997 to 17.2 in 1998 (see sidebar). The 1998 rate is 15 percent above the Oregon Benchmark goal for the year 2000: 15 pregnancies per 1,000 females¹. [Figure 4-1].

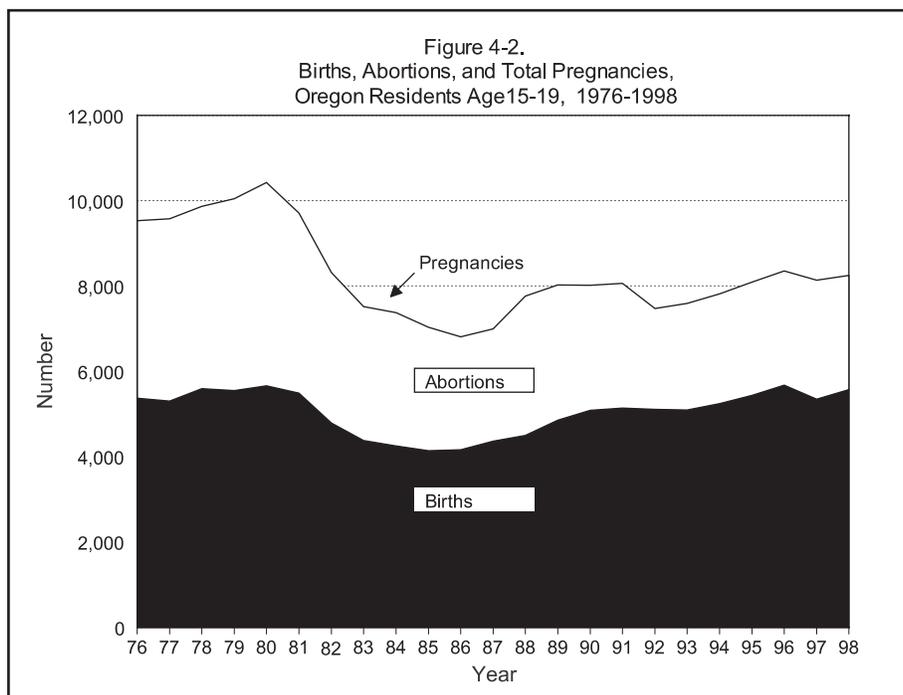
During 1998, at least 3,176 pregnancies occurred among Oregon females under 18 years old, 21 fewer than in 1997. [Table 4-2]. The birth rate decreased by 4.5 percent and the abortion rate decreased by 2.9 percent. This indicates that teens are showing improvement in protecting themselves against becoming pregnant compared to 1997.

Pregnancy rates for Oregonians age 10-17 declined 4 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
1998	17.2

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





In 1998, the youngest teens to become pregnant were age 11. There were 191 teen pregnancies to teens under 15.

Oregon Females 18-19

In 1998, the pregnancy rate for Oregonians age 18-19 was 118.5 per 1,000 females, a 0.9 percent increase from 1997. Comparisons with the 1997 figures show an increase of 4.6 percent in the birth rate and a decrease of 7.3 percent in the abortion rate among 18- to 19-year-olds. [Table 4-1].

**Abortion rates for
teens 10-17 decreased
3 percent.**

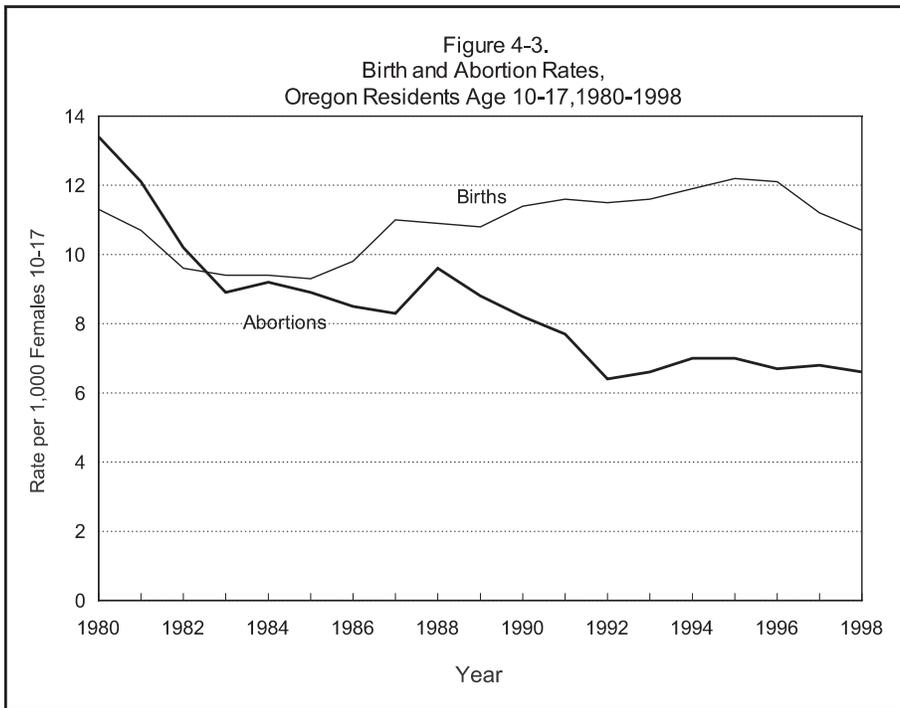
TEEN ABORTIONS

Compared to 1997, abortion rates decreased for teenage groups: age 15-17 decreased 4.9 percent, and age 18-19 decreased 7.4 percent. Overall, the rate for 10- to 17-year-olds decreased 2.9 percent. [Table 4-1 and Table 4-2; Figure 4-3].

Figures 4-2 and 4-4 present the historical pattern of pregnancy resulting in birth instead of abortion. As Figure 4-4 indicates, teens are more likely to carry a pregnancy to term than they were in 1980.

Since 1980, the younger the teen, the more likely the pregnancy would be terminated. However, in 1998, even among teens under 15, almost 50 percent of pregnancies resulted in a live birth. [Figure 4-4, Table 4-2].

There were 1,209 abortions to Oregonians age 10-17 reported during 1998, two more abortions than in 1997. [Table 4-2]. Since the record high abortion rate recorded in 1980, the rate for 10- to 17-year-olds has fallen more than half (from 13.4 to 6.6), while the rate for 18- to 19-year-olds has dropped by nearly one-third (from 58.1 to 35.4). [Tables 4-1 and 4-2].

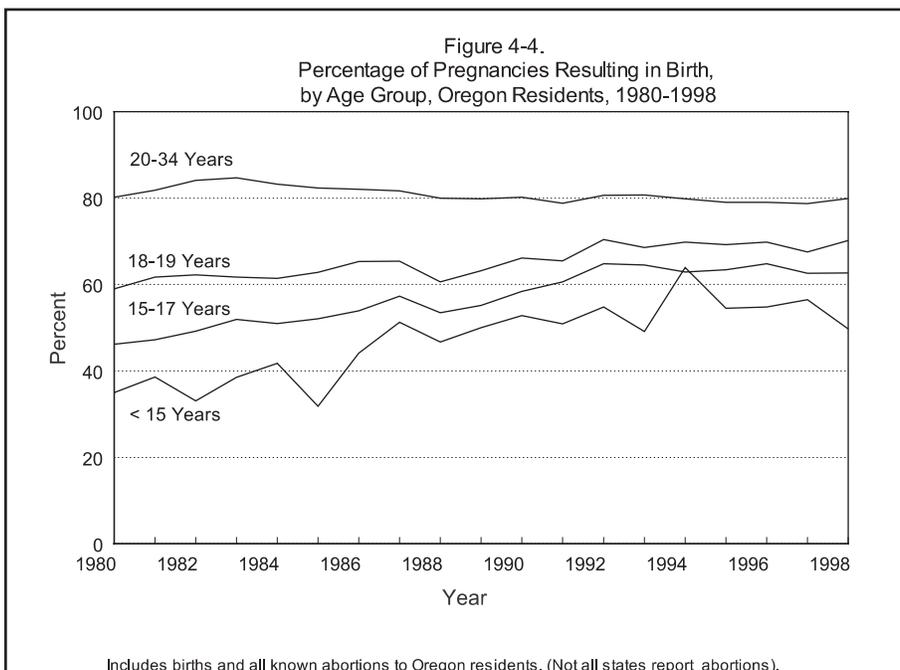


TEEN BIRTHS

In 1998, there were 1,967 births to Oregon teens under 18 years of age. In 8.7 percent of these births, the child was the mother’s second, third, or fourth. [Table 4-9]. Sixty-two percent of pregnancies among teens 10-17 resulted in a live birth during 1998, compared to 46 percent in 1980. [Table 4-2].

Between 1997 and 1998, the birth rate for 10- to 17-year-olds fell 4.5 percent. Ninety-five girls age 10-14 gave birth during 1998, a one-year decrease of 9 percent. [Table 4-2].

Birth rates for teens 10-17 fell 5 percent.



The number of births to teens age 18-19 totaled 3,693, an increase of 235 births from the previous year. The birth rate to teens 18-19 was 83.2 per 1,000 females, a 4.8 percent increase from 1997. [Table 4-1]. Seventy percent of pregnancies reported among this group resulted in a live birth, a 4.0 percent increase from 1997. [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) increased by 1.0 percent in 1998 (48.3 vs. 47.8 per 1,000 females in 1997). [Table 4-1]. The 1998 rate was 13 percent lower than the 1991 rate of 55.2 per 1,000, which is the highest rate recorded during the past quarter century. [Figure 4-5].

Oregon’s 1998 birth rate for 15- to 19-year-old teens was 5.5 percent below the national rate (48.3 vs. 51.1 per 1,000 females) (see sidebar).²

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

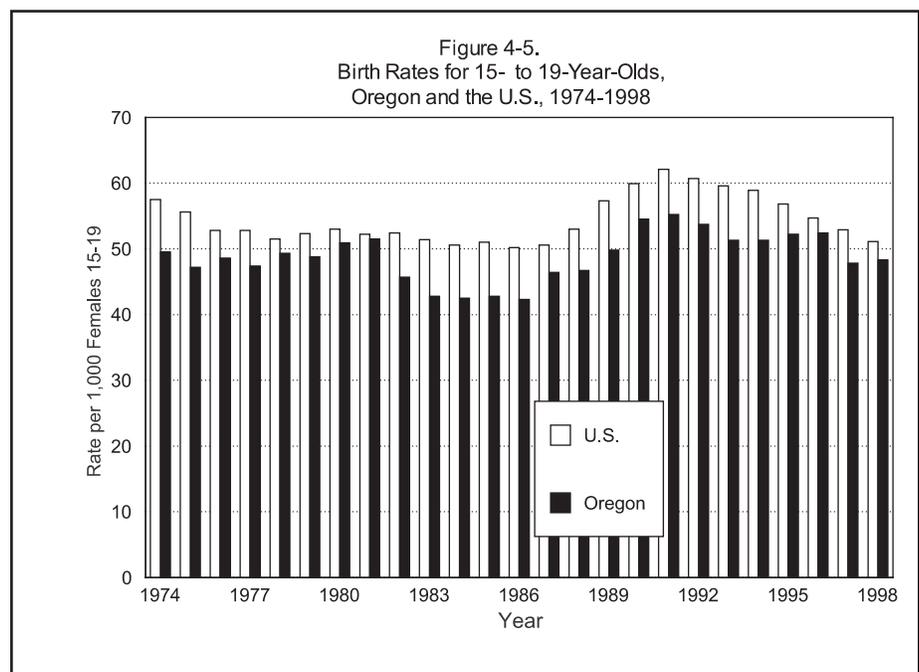
Teen Birth Rates ¹			
Age	Oregon		U.S.
	1998	1997	*1998
10-17	10.7	11.2	NA
10-14	0.8	0.9	1.0
15-17	26.4	27.6	30.4
18-19	83.2	79.4	82.0
15-19	48.3	47.8	51.1

¹ All rates per 1,000 females.
^{*} 1998 U.S. data not final.

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 women, regardless of age, will begin medical care during the first trimester of pregnancy. Only 82 percent of Oregon women age 20 or older



who gave birth in 1998 met this standard. In 1998, among teens who gave birth, only 65.3 percent started prenatal care during the first trimester, a 4.1 percent decrease from 1997 (see sidebar). Only 60 percent of those under 18 received early prenatal care, a negligible 1.6 decrease from 1997. [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 1998, for example, 54 percent of unmarried Hispanics age 15-17 started prenatal care during their first trimester, compared to 72 percent of married non-Hispanic whites age 18-19. [Table 4-4].

Inadequate Prenatal Care

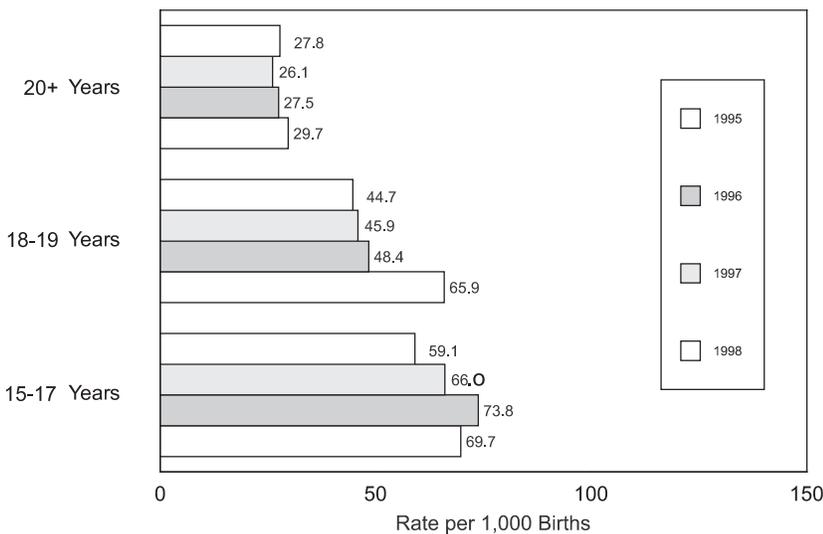
Inadequate prenatal care has been defined as care that begins after the second trimester of pregnancy, or that involves fewer than five prenatal visits. By this measure, 9.8 percent of 15- to 17-year-old teens and 8.0 percent of 18- to 19-year-old teens received inadequate prenatal care in 1998. This compares with 4.7 percent of women 20 years or older who received inadequate care. [Table 4-10]. The proportion of women under 20 who received inadequate prenatal care increased 4.8 percent from 1997.

Late Care and No Prenatal Care

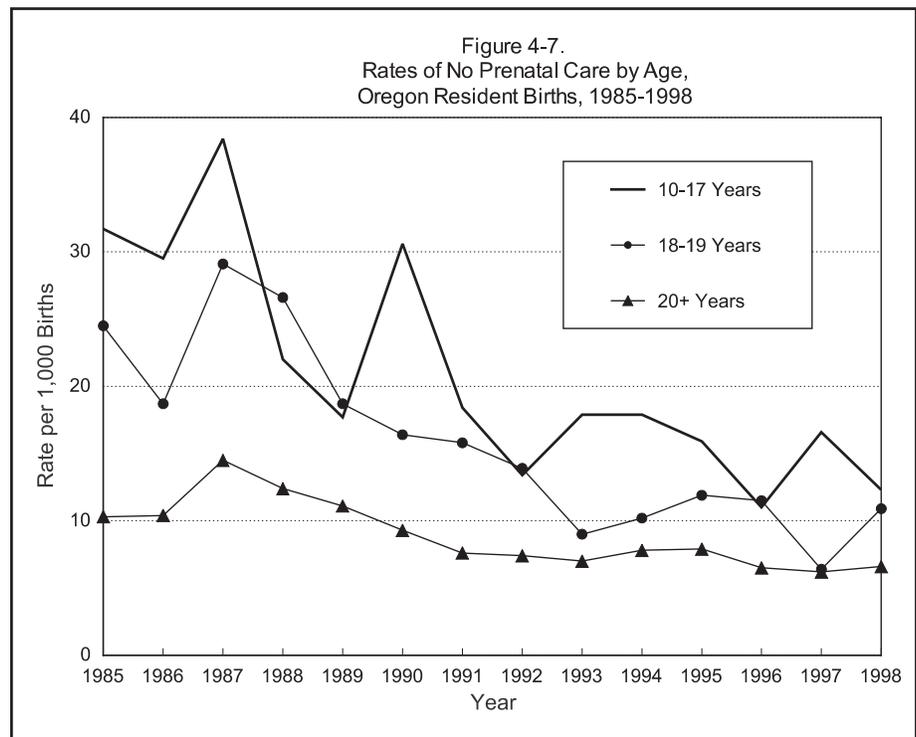
The proportion of teens age 15-17 who began prenatal care during the third trimester decreased 11 percent to 59.1 per 1,000 live births in 1998. [Figure 4-6]. In 1998, the rate of no prenatal care among teens under age 18 was nearly twice that of women 20 and over (12.3 vs. 6.6). [Figure 4-7].

Oregon Benchmark: First Trimester Prenatal Care, 1998	
Year 2000 Goal: 90%	
All Women	80.2%
All Teens	65.3%
10-17 Years	59.5%
18-19 Years	68.4%
20 + Years	82.4%

Figure 4-6.
Rates of Late Prenatal Care,
by Age Group, Oregon Residents, 1995-1998



Late Prenatal Care = Care began during third trimester. Calculations exclude births with unknown prenatal care.



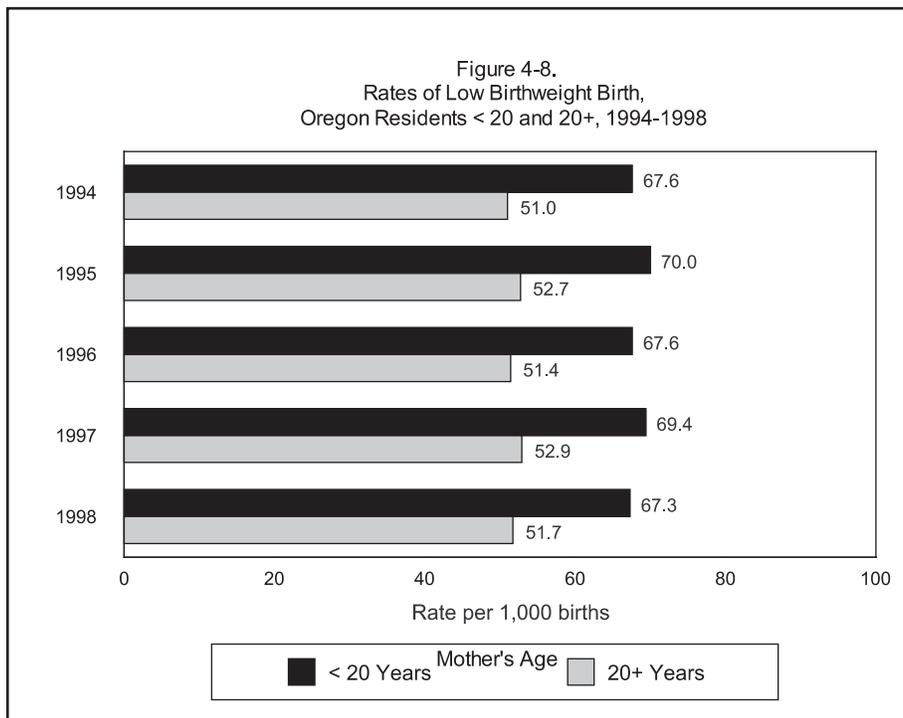
LEVEL OF INFANT HEALTH

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

In 1998, the low birthweight rate for teen mothers age 15-19 was 66.8 per 1,000 births [Table 4-4], a 3.2 percent decrease from 1997. For 15- to 17-year-olds, the rate (73.7) decreased 5.4 percent. The teen rates for low birthweight remained higher than those for mothers age 20 or older (63.4). The difference 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 1998. Among mothers age 15-19, those who received inadequate prenatal care were nearly twice as likely to have low birthweight babies as those who had received adequate care (126.4 vs. 67.5 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 126 vs 67.5; for mothers 18-19, they were 119.4 vs. 58.2. 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. Between 1997 and 1998, the rate of low birthweight for Hispanic teens 15-17 increased by 13.2 percent, and decreased by 24.2 percent for



those 18-19. Among non-Hispanic, non-white groups, the low birthweight rate for teens 15-17 decreased by 43.1 percent and decreased by 17.6 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 1998 low Apgar rate for newborns of mothers age 10-19 was 22.5 per 1,000 births [Table 4-9], a 13.1 percent increase from 1997 (19.9). The low Apgar rate for infants born to women under age 20 was 47.1 percent higher than the rate for infants born to women 20 years or older (15.3).

Low Birthweight Rates ¹ By Race/Ethnicity and Age, 1998		
Race/Ethnicity	Age	
	15-17	18-19
Rates		
Non-Hispanic White	75.3	66.4
Hispanic (All Races)	68.7	53.8
Non-hispanic, Non white	76.5	55.7
Percent Change, 1998 vs. 1997		
Non-Hispanic White	-0.7%	6.8%
Hispanic (All Races)	13.2%	-24.2%
Non-hispanic, Non white	-43.1%	-17.6%

¹ All rates per 1,000 births.

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 16.1 percent less likely to report use of alcohol during pregnancy than were women over 20 (14.1 vs. 16.8 per 1,000 births).

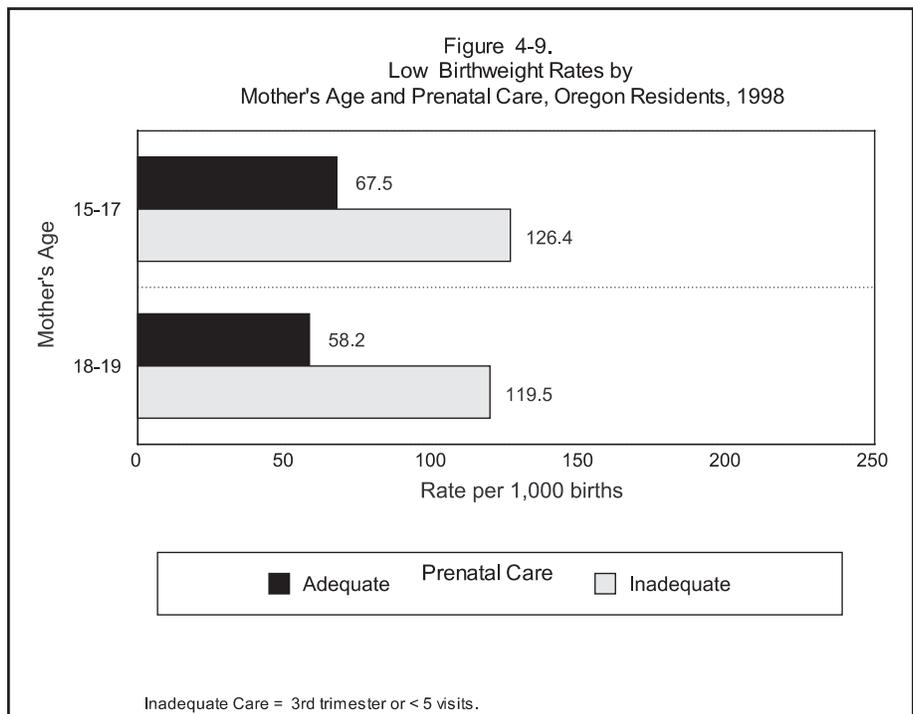
Tobacco

Teens 15-19 were 86 percent more likely than women over 20 to report smoking during pregnancy (26% vs.14%). [Table 4-9].

Women of all ages who smoked during pregnancy were more likely to have low birthweight babies than nonsmokers (see

Low Birthweight Rates ¹ By Mother's Age and Smoking Status, Oregon, 1998		
	< 20	20+
Nonsmokers	59.8	46.9
Smokers	85.5	79.8

¹ All rates per 1,000 births.



sidebar). Although this difference is most pronounced in mothers 20 or older (79.8 vs. 46.9 per 1,000), it remains one of the most important preventable causes of low birthweight infants for teen mothers as well.

METHOD OF PAYMENT

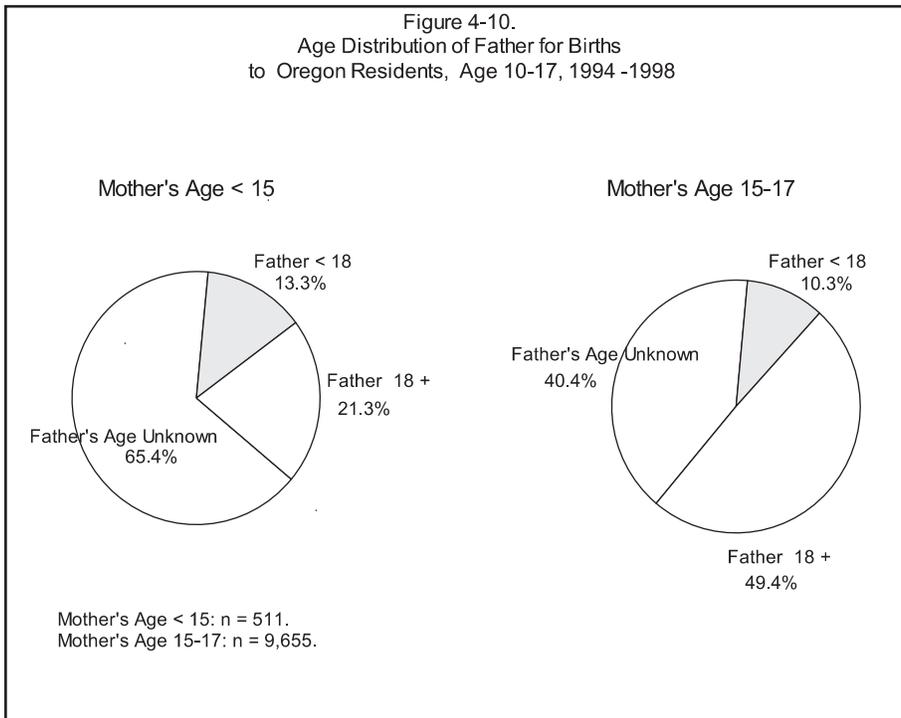
Births to teen mothers are more than twice as likely as births to older women to be paid for with public funds. In 1998, Medicaid paid for 60.0 percent of births to teens under 20, and 26.8 percent of births to women age 20 and older (where payor source was known). [Table 4-10]. In 1998, there were 121 more births to women under age 20 than in 1997, and the number of publicly-funded births to women under age 20 increased by 27.

AGE OF FATHER

During 1994-1998, a large percentage of birth certificates for babies born to teens did not indicate father's age, because no father was on the certificate. Two-thirds (65.4%) 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, 38.4 percent were younger than 18, and 61.6 percent were 18 or older. Forty percent of birth certificates where the mother was 15-17 did not list father's age. [Figure 4-10]. Where father's age was reported on births to teens 15-17, 17.2 percent of fathers were under age 18, and 82.8 percent were 18 or older. [Table 4-13]. Figure 4-11 shows the age of father for teen mothers by each year of mother's age.

Medicaid paid for 60 percent of births to teens.

Figure 4-10.
Age Distribution of Father for Births
to Oregon Residents, Age 10-17, 1994 -1998



ENDNOTES

1. Oregon Progress Board. Achieving the Oregon Shines Vision: The 1999 Benchmark Performance Report. Report to the Legislative Assembly. March 1999.
2. National Center for Health Statistics, National Vital Statistics Reports, Births: Final Data for 1998. Vol. 48, No. 3.

Figure 4-11.
Father's Age Compared to Teen Mother's Age,
Oregon Residents, 1994-1998

