

Teen Pregnancy

CURRENT TRENDS

In 1999, there were 8,272 pregnancies to Oregon females under age 20. Of these, 55.5 percent had neither completed high school nor obtained a general equivalency diploma (GED). Of those who took their pregnancies to term, 76.5 percent were unmarried at the time of birth. [Table 4-10.] 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 age 18 and females age 18 to 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.

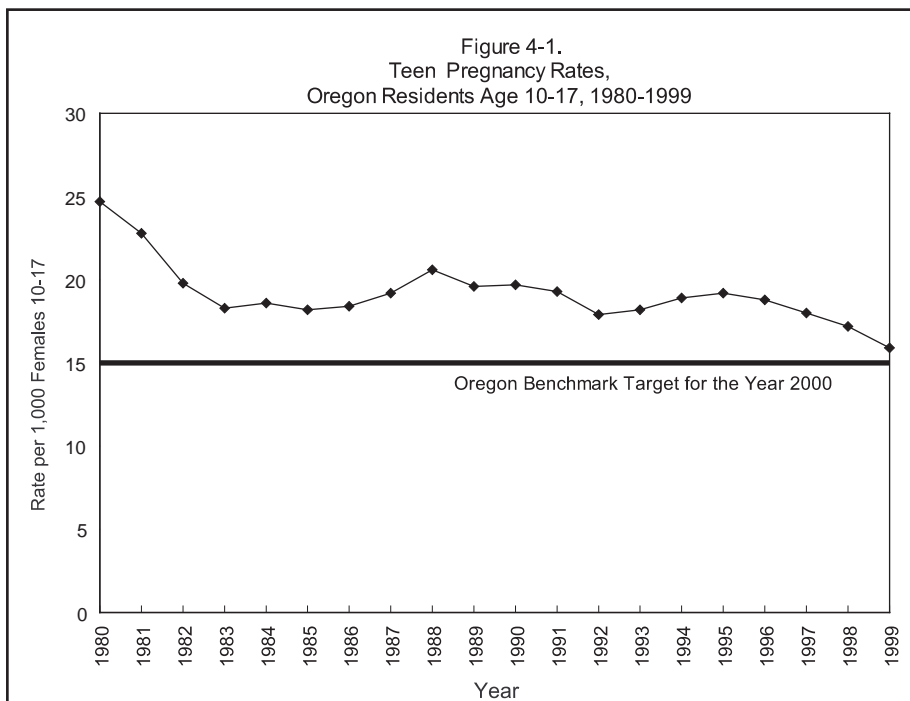
Oregon Females Under 18

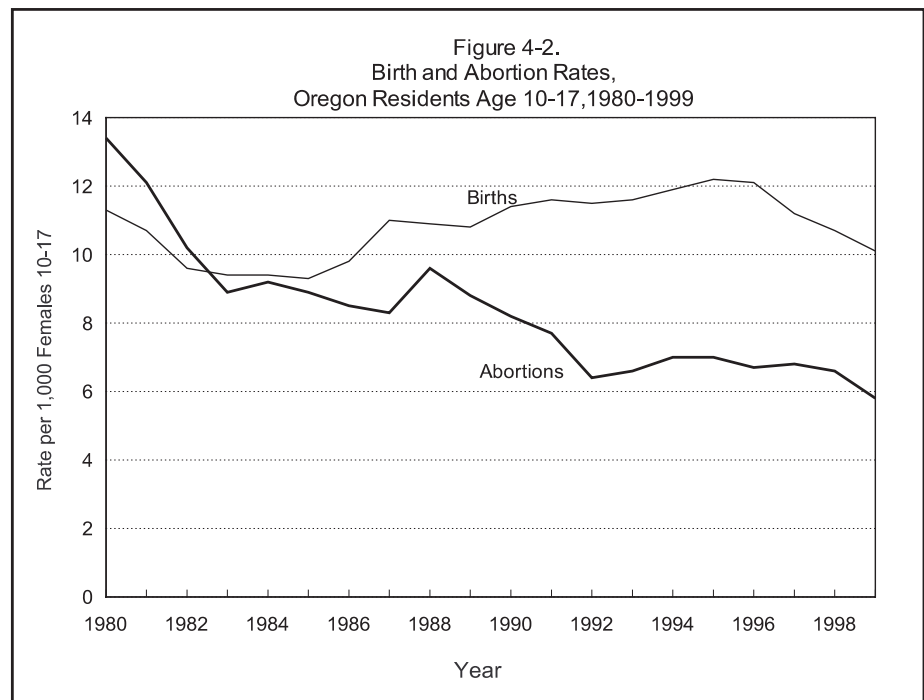
Efforts at preventing teen pregnancies are focused primarily on females under age 18. During 1999, at least 2,961 pregnancies occurred among Oregon females under age 18, 215 fewer than in 1998. [Table 4-2]. In 1999, the statewide pregnancy rate among women age 10 to 17 decreased 7.6 percent, from 17.2 in 1998 to 15.9 in 1999 (see sidebar). This continues a four-year decline and indicates that teens are showing improvement in protecting themselves against becoming pregnant. Pregnancy rates for teens age 10 to 17 varied by county and eleven counties had rates statistically significantly different than the state rate. [Table 4-5]. The 1999 rate is 6

Pregnancy rates for Oregonians age 10 to 17 declined 7.6 percent from 1998.

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
1999	15.9

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





percent above the Oregon Benchmark goal for the year 2000: 15 pregnancies per 1,000 females. [Figure 4-1].

In 1999, the youngest teens to become pregnant were age 12. There were 151 pregnancies to females under age 15.

Births to Teens Under 18

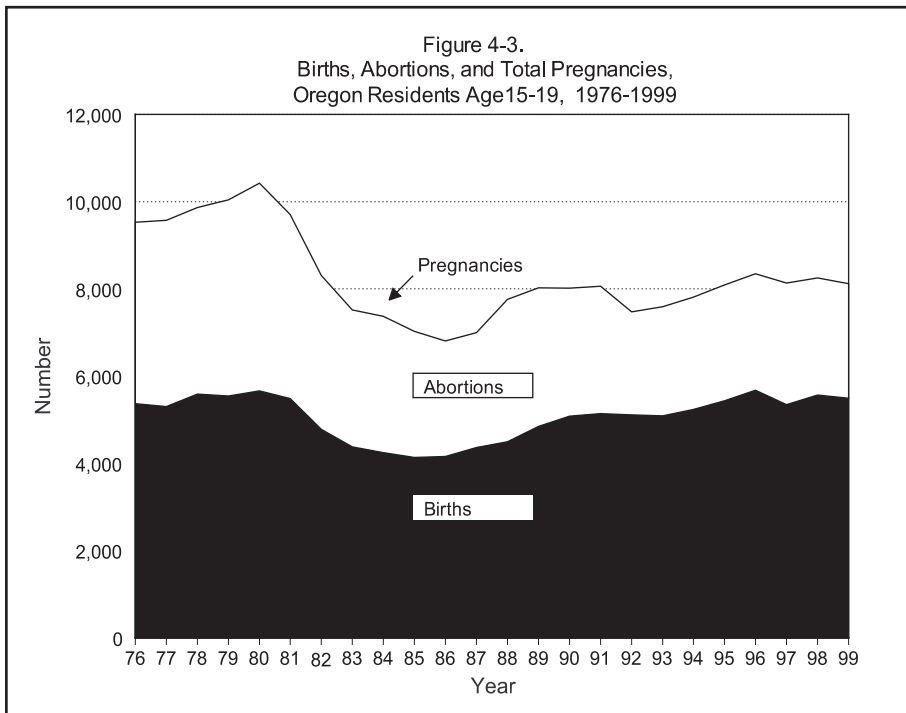
There were 1,882 births to Oregon teens under age 18 in 1999. Sixty-three percent of pregnancies among teens age 10 to 17 resulted in a live birth, compared to 46 percent in 1980. [Table 4-2]. It was the mother's first child in 92.3 percent of these births. [Table 4-9]. The birth rate for teens age 10 to 17 was 10.1, a 6 percent decrease from 1998. Eighty-six girls age 10 to 14 gave birth during 1999, a one-year decrease of 9.5 percent. [Table 4-2].

Abortions to Teens Under 18

Abortion rates among teens decreased compared to 1998; for females age 10 to 17, the abortion rate decreased by 12 percent. [Table 4-2; Figure 4-2]. There were 1,079 abortions to Oregonians age 10 to 17 reported during 1999, 130 fewer abortions than in 1998. Since the record high abortion rate recorded in 1980, the rate for females age 10 to 17 has decreased by more than 50 percent (from 13.4 to 5.8 per 1,000 females).

Figures 4-3 and 4-4 present the historical pattern of the result of pregnancies (birth and 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, even among teens under 15, more than half of the pregnancies resulted in a live birth in 1999. [Table 4-2; Figure 4-4].

**Abortion rates for teens
age 10 to 17 decreased
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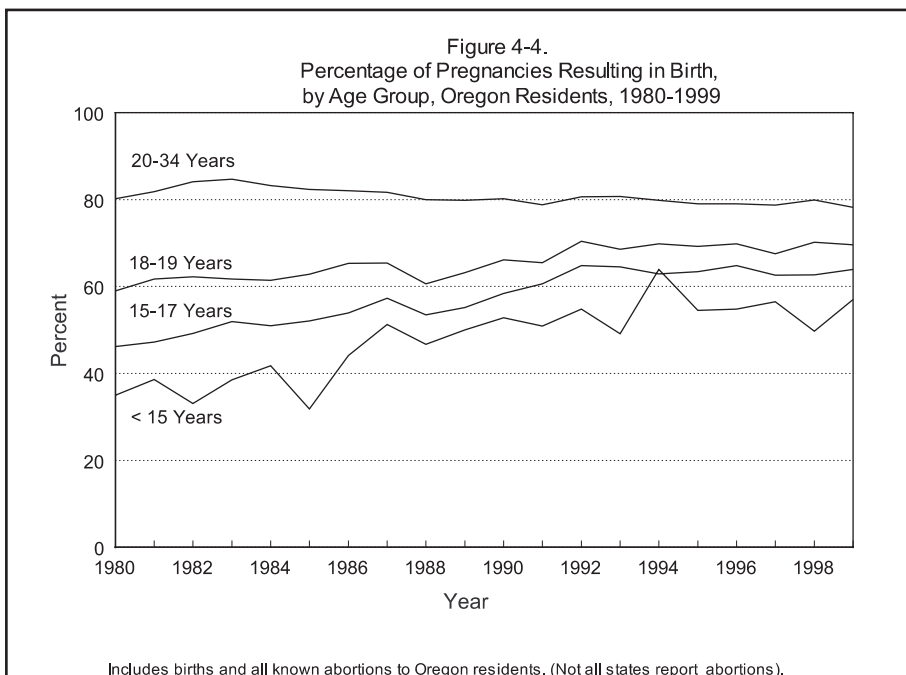


Oregon Females 18-19

In 1999, the pregnancy rate for Oregonians age 18 to 19 was 114.8 per 1,000 females, a 3.1 percent decrease from 1998. Comparisons with the 1998 figures show decreases in both the birth rate (4.1%) and the abortion rate (1.4%) among women age 18 to 19. [Table 4-1].

Of the 5,311 pregnancies to women age 18 to 19, 69.6 percent (3,695) resulted in birth. [Figure 4-4]. It was the first child for 75.1 percent of the women giving birth.

Birth rates for teens age 10 to 17 fell 6 percent.



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 3.5 percent in 1999 (46.6 vs. 48.3 per 1,000 females in 1998). [Table 4-1]. The 1999 rate was 15.6 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 1999 birth rate for 15- to 19-year-old teens was 6 percent below the national rate (46.6 vs. 49.6 per 1,000 females) (see sidebar).

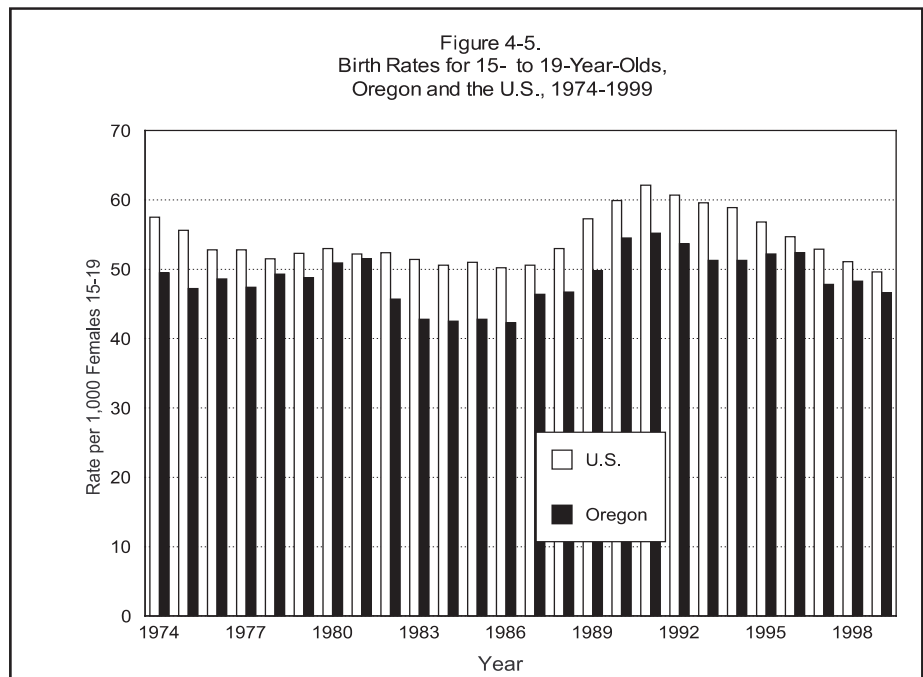
Oregon’s lower teen birth rate may be attributed in large part to its demographic characteristics. Traditionally, African American and Hispanic populations have higher teen birth rates and are underrepresented in the state. Oregon’s diversity, however, is increasing. Between 1990 and 2000 census, the proportion of hispanic residents doubled from 4 percent to 8 percent while the proportion of racial minorities was relatively unchanged.¹ During this same ten year period, Oregon’s teen pregnancy rate fell from 86.0 per 1,000 females in 1990 to 68.9 in 1999, a 19.9 percent decrease.[Table 4-10, Table 4-11]. (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.
	1999	1998	1999
10-17	10.1	10.7	NA
10-14	0.7	0.8	0.9
15-17	25.1	26.4	28.7
18-19	79.8	83.2	80.3
15-19	46.6	48.3	49.6

¹ All rates per 1,000 females.

LEVEL OF INFANT HEALTH Low Birthweight

Whether reflecting premature delivery or small size for gestational age, the low birthweight (LBW) rate (less than 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 might 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 1999, the low birthweight rate for teen mothers age 15-19 was 71.0 per 1,000 births [Table 4-4], a 6.3 percent increase from 1998. For 15- to 17-year-olds, the rate (72.4 per 1,000) decreased 1.8 percent. The teen rate for low birthweight remained higher than those for mothers age 20 and older (51.5 per 1,000). [Table 2-26]. The difference in the low birthweight rates between the two groups is persistent. [Figure 4-6].

Race and Ethnicity

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 1999, for example, 57.8 percent of unmarried Hispanics age 15-17 started prenatal care during their first trimester, compared to 74.6 percent of married non-Hispanic whites age 18-19. [Table 4-4].

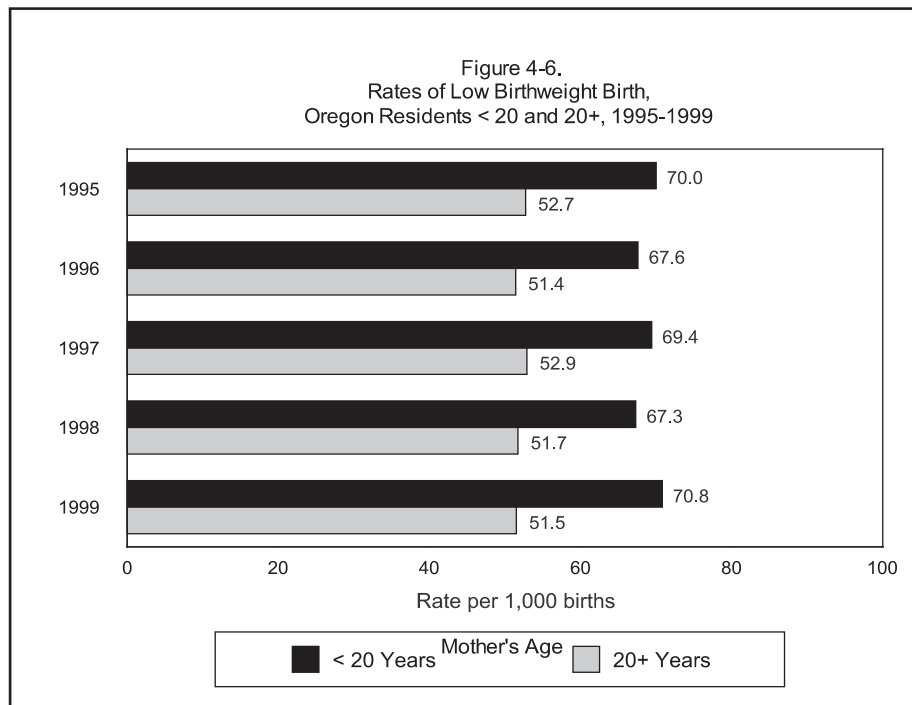
Low birthweight rates to teen mothers by racial/ethnic grouping are displayed in the sidebar and in Table 4-4. Between 1998 and 1999, the rate of low birthweight for Hispanic teens age 15-17 increased by 1.2 percent, but decreased by 20.1 percent for those age 18-19. Among non-Hispanic, non-white groups, the low birthweight rate for teens age 15-17 increased by 2.9 percent and increased by 32.5 percent for those age 18-19 (see sidebar).

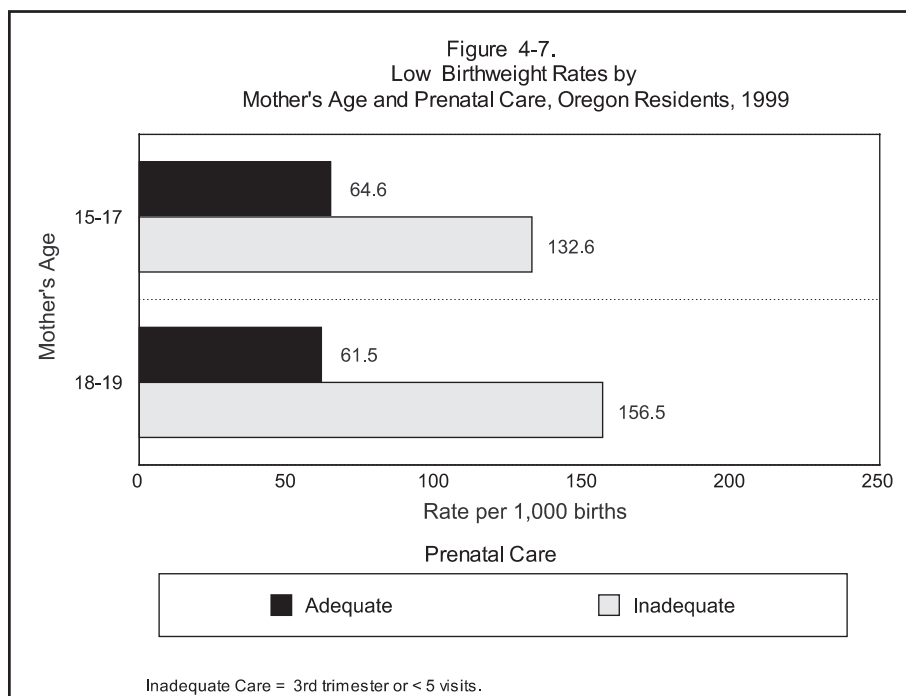
Prenatal Care

Table 4-3 shows the association between inadequate prenatal care and frequency of low birthweight infants among teens who gave birth in 1999. Among mothers age 15-19, those who received inadequate prenatal care were more than twice as likely to have

Low Birthweight Rates ¹ By Race/Ethnicity and Age, 1999		
Race/Ethnicity	Age	
	15-17	18-19
Rates		
Non-Hispanic White	71.4	77.4
Hispanic (All Races)	69.5	43.0
Non-hispanic, Non white	78.7	73.8
Percent Change, 1999 vs. 1998		
Non-Hispanic White	-0.5%	14.2%
Hispanic (All Races)	1.2%	-20.1%
Non-hispanic, Non white	2.9%	32.5%

¹ All rates per 1,000 births.





Oregon Benchmark: First Trimester Prenatal Care, 1999	
Year 2000 Goal: 90%	
All Women	80.9%
All Teens	66.5%
10-17 Years	61.8%
18-19 Years	68.8%
20 + Years	82.6%

low birthweight babies as those who had received adequate care (147.4 vs. 62.5 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 132.6 vs. 64.6; for mothers 18-19, they were 156.5 vs. 61.5.

Early Prenatal Care

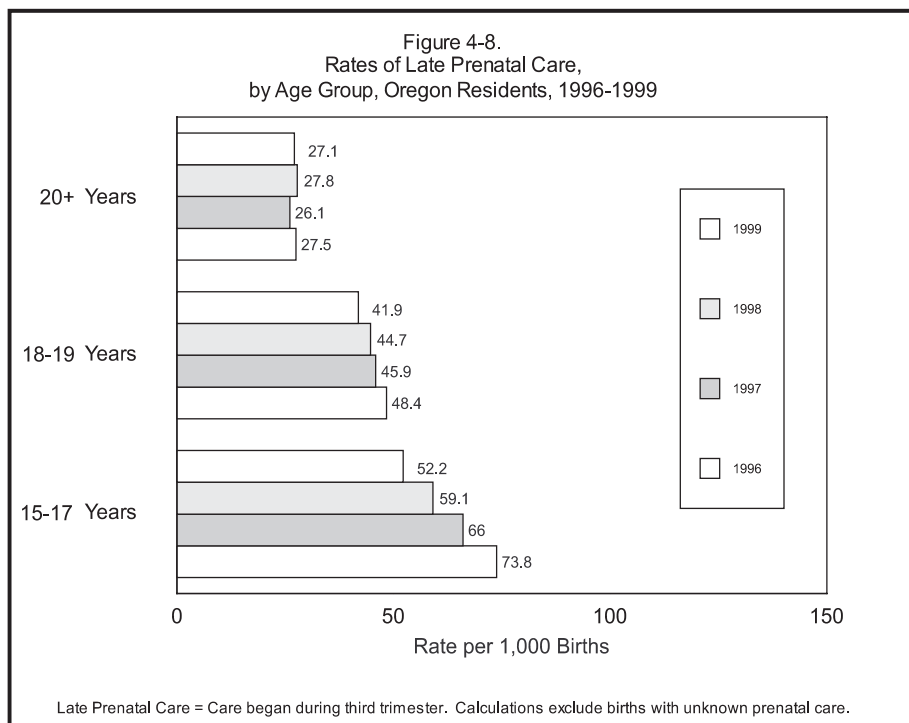
Prenatal care should begin within the first three months of pregnancy to allow early detection of complications and to ensure the health of both mother and infant. An Oregon Benchmark goal is that by the year 2000, ninety percent of pregnant women, regardless of age, will begin medical care during the first trimester of pregnancy. Teens are farther from this goal than any other age group: in 1999, only 66.5 percent of teens giving birth started prenatal care during the first trimester compared to 82.6 percent for women age 20 and older (see sidebar). Only 62.3 percent of those under age 18 received prenatal care, a slight increase from 59.5 percent 1998 (2.3). [Table 4-10].

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 8.0 percent of 18- to 19- year-old teens received inadequate prenatal care in 1999. This compares with 4.9 percent of women age 20 or older that received inadequate care. [Table 4-10]. The proportion of women under age 20 who received inadequate prenatal care remained essentially unchanged from 1998.

Late Care and No Prenatal Care

The proportion of teens age 15-17 who began prenatal care during the third trimester decreased 11.7 percent to 52.2 per



1,000 live births in 1999. [Figure 4-8]. Teens under age 18 are more likely than older women to go through pregnancy without a single visit to a medical provider; in 1999, the rate of no prenatal care among teens under age 18 was 16.6 per 1,000 live births, more than twice that of women age 20 and older (6.6 per 1,000 live births). [Figure 4-9.]

Low Apgar Score

The Apgar score recorded by the birth attendant five minutes after birth provides another 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 1999 low Apgar rate for newborns of mothers age 10-19 was 22.0 per 1,000 births [Table 4-9], a 2.2 percent decrease from 1998 (22.5). The low Apgar rate for infants born to women under age 20 was 22.2 percent higher than the rate for infants born to women 20 years or older (18.0).

Substance Use During Pregnancy

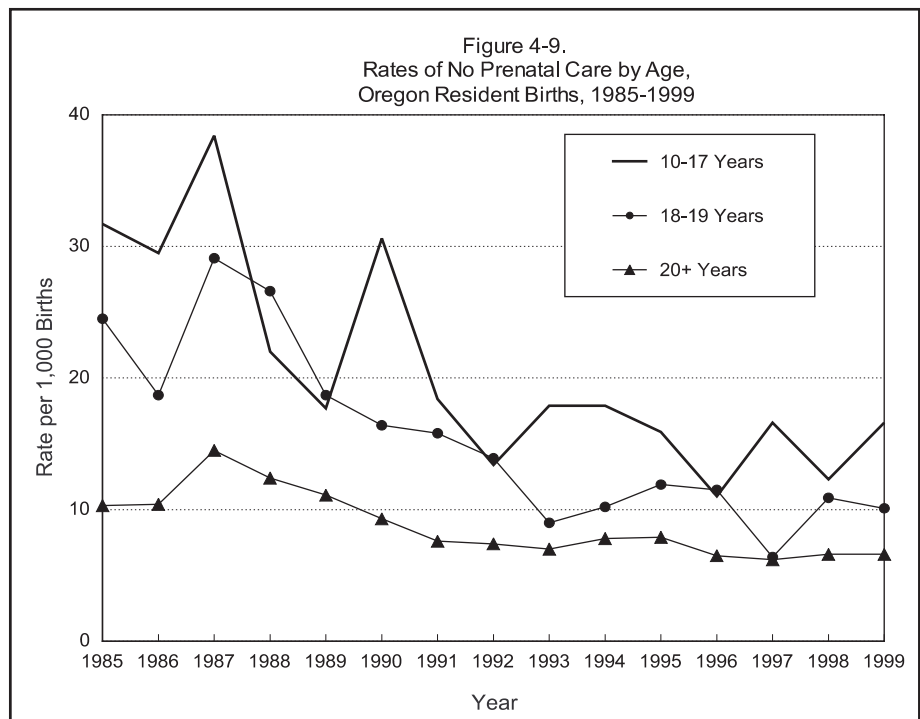
Estimates of tobacco and alcohol use during pregnancy are presumed to be minimum counts due to under-reporting on birth certificates. The legal age to purchase or possess alcohol in Oregon is age 21. The legal age to purchase tobacco products is age 18.

Tobacco

Teens age 15 to 19 were 89.3 percent more likely than women age 20 and over to report smoking during pregnancy (24.8% vs. 13.1%). [Table 4-9]. Women of all ages who smoked during pregnancy were more likely to have low birthweight babies than nonsmokers. Mothers age 20 or older show the greatest difference between low birthweight rates by tobacco use (77.2 vs. 49.1 per

Low Birthweight Rates ¹ By Mother's Age and Smoking Status, Oregon, 1999		
	< 20	20+
Nonsmokers	66.4	49.1
Smokers	78.7	77.2

¹ All rates per 1,000 births.



1,000 live births). However, this is in part because the low birthweight rate for teen mothers is already much higher than that of women age 20 and older (see sidebar). Tobacco use remains one of the most important preventable causes of low birthweight infants for teen mothers.

Alcohol

Reported alcohol use by teens age 15 to 19 during pregnancy increased from 14.1 per 1,000 live births in 1998 to 14.8 in 1999, an increase of 5.0 percent. Even so, teens age 15 to 19 were 22.5 percent less likely to report the use of alcohol during pregnancy than were women age 20 and over (14.8 vs. 19.1 per 1,000 births). [Table 4-9]. Alcohol use for women age 20 and over increased 13.7 percent, from 16.8 per 1,000 live births in 1998 to 19.1 in 1999.

Source of Payment

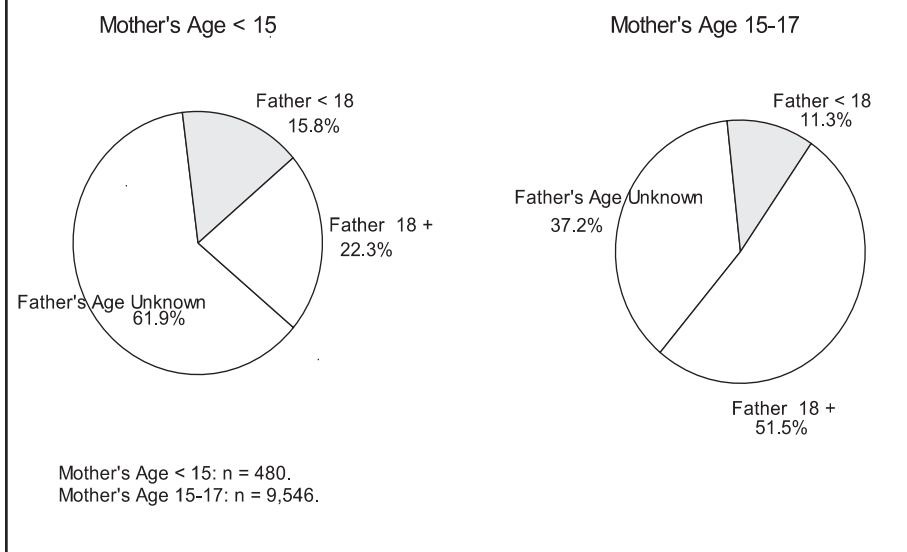
Costs associated with births to teen mothers were more than twice as likely to be paid with public funds as births to older women. In 1999, Medicaid paid for 60.5 percent of births to teens (under age 20) and 27.7 percent of births to women age 20 and older where payor source was reported. [Table 4-10]. In 1999, there were 83 fewer births to women under age 20 than in 1998, but the number of publicly funded births to women under age 20 increased by 64.

Age of Father

During 1995-1999, 38.4 percent of birth records for babies born to teens age 10 to 17 didn't indicate father's age, because the father wasn't identified on the certificate. [Figure 4-10, Table 4-13]. Almost two-thirds (61.9%) of the birth records where mother was under age 15 did not list father's age. Where father's age was reported for teen mothers under age 15, 41.5 percent were younger than age 18 and 58.5 percent were age 18 or older. Birth

Medicaid paid for 60 percent of births to teens.

Figure 4-10.
Age Distribution of Father for Births
to Oregon Residents, Age 10-17, 1995-1999



records for mothers age 15 to 17 report father's age for 62.8 percent of the births. Where father's age was reported, 18.0 percent of fathers were under age 18 and 82.0 percent were age 18 or older.

For all teens, including the youngest mothers (age less than 15 years), the father was more than six years older than the mother in 16 to 17 percent of the births for the 1995 -1999 period where father's age was reported. [Figure 4-11]. Payment for births to teens age 10 to 17 by Medicaid never fell below 54 percent, regardless of father's age.

1 Source: U.S. Census Bureau, Census 2000, Table DP-1.

Figure 4-11.
Father's Age Compared to Teen Mother's Age,
Oregon Residents, 1995-1999

