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# Teen pregnancy

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## Introduction

In 2015, 3,139 pregnancies occurred among Oregon females under the age of 20. Thirty-five pregnancies occurred among females under age 15. Fifteen girls aged 10–14 gave birth during 2015, five fewer than the previous year (see Table 4-2). The youngest female to give birth was 12 and the youngest female to obtain an abortion was 12.

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. For the purposes of this report, the number of pregnancies is determined by adding the number of births and abortions reported for Oregon residents. Because some neighboring states (e.g., California) do not exchange abortion reports with Oregon, out-of-state abortions 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 2015, 804 pregnancies were recorded for Oregon females aged 15–17, 85 fewer than in 2014. The statewide pregnancy rate among women aged 15–17 decreased 9.7%, from 12.4 in 2014 to a current low of 11.2 (see Table 4-1). Historically, the teen pregnancy rate has trended downward and the 2015 rate is 68.2% lower than it was in 2000 (see Figure 4-1). Pregnancy rates for teens aged 15–17 varied by county. Six counties had rates significantly different than the state rate (see Table 4-3). The 2015 rate for teens 15–17 was 37.8% below the Oregon Benchmark goal for the year 2015 of 18 pregnancies per 1,000 females (see sidebar Table 4-A).

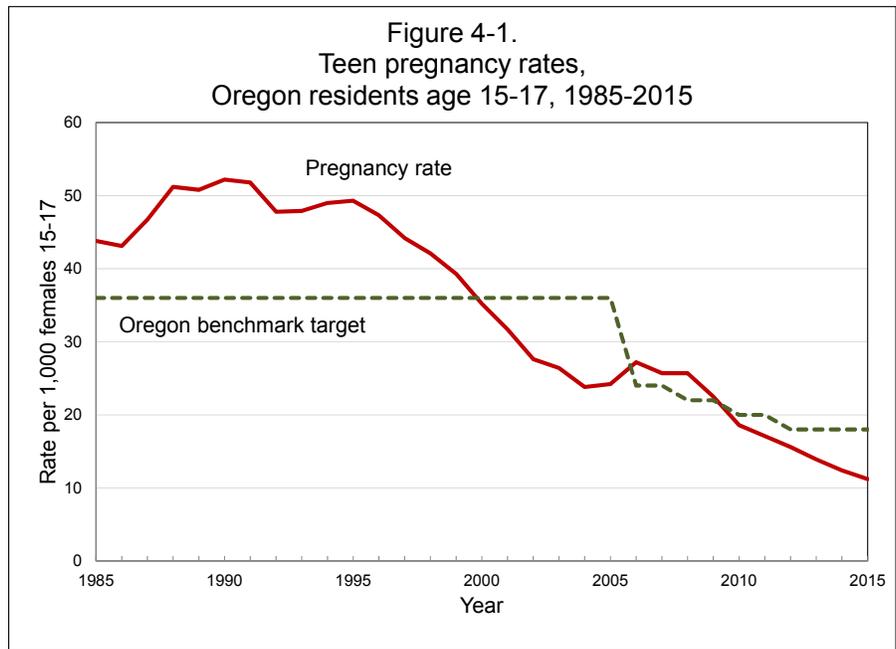
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***Pregnancy rates for Oregonians ages 15 to 17 decreased by 9.7% from 2014.***

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Year 2015 Goal: 18.0	
Year	Rate
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
2013	13.9
2014	12.4
2015	11.2

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



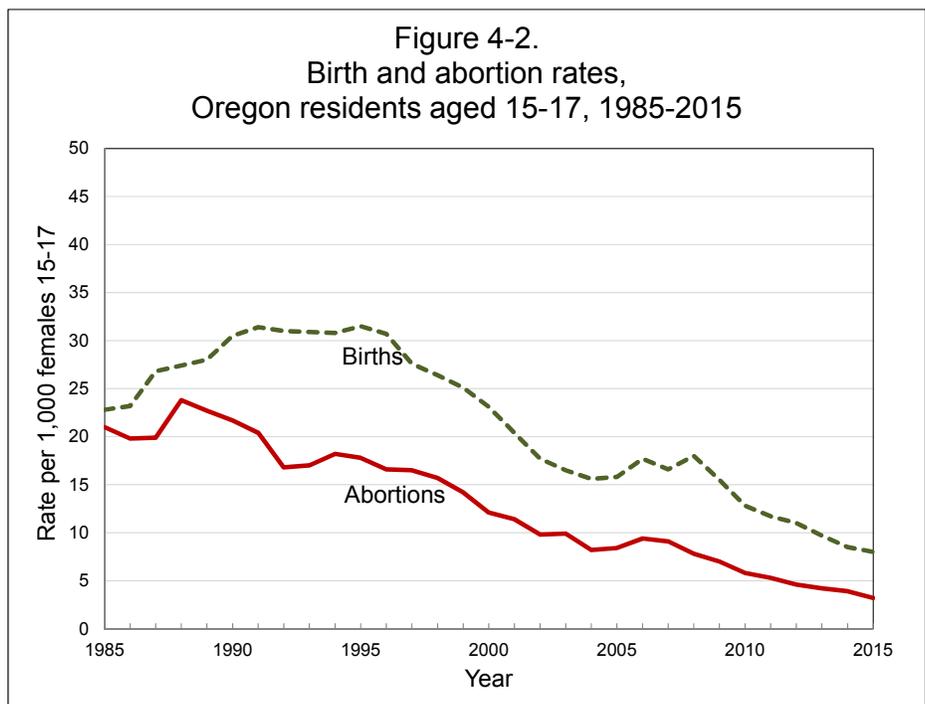
**Births to teens, aged 15–17**

Of pregnancies to teens aged 15–17, 71.8% resulted in a live birth, compared to 46.2% in 1980 (see Table 4-1). There were 577 births to Oregon teens aged 15–17 in 2015. It was the mother’s first child in 94.1% of these births (see Table 4-9). The birth rate for females aged 15–17 was 8.0 per 1,000 females, a decrease of 5.9% from the previous year. Among those who took their pregnancies to term, 94.6% were unmarried at the time of birth (see Table 4-10).

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**Abortion rates for teens age 15 to 17 decreased 17.9% from 2014.**

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### Abortion rates among teens, aged 15–17

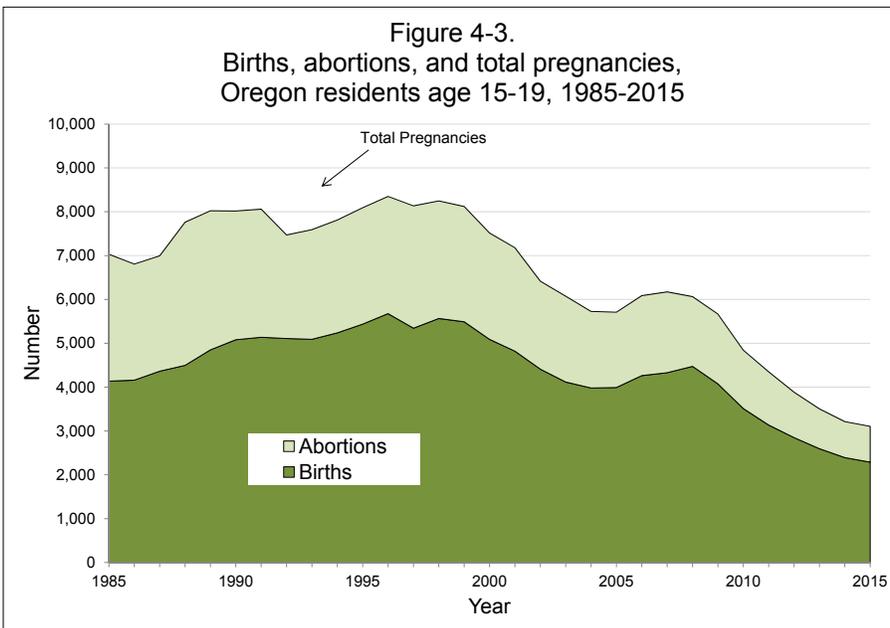
Abortion rates among teens decreased 17.9% from 2014. For females aged 15–17, the abortion rate was historically low in 2015 at 3.2 per 1,000 (see Table 4-1, Figure 4-2). There were 227 abortions among Oregon females aged 15–17 reported during 2015, 51 fewer abortions than in 2014. Since the record high abortion rate in 1980, the rate for females aged 15–17 has decreased by more than 90.0% (from 31.9 to 3.2 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, among teens under 15, 42.9% of the pregnancies resulted in a live birth in 2015 (see Table 4-2, Figure 4-4).

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**Birth rates for teens age 18 to 19 decreased by 4.6% from 2014.**

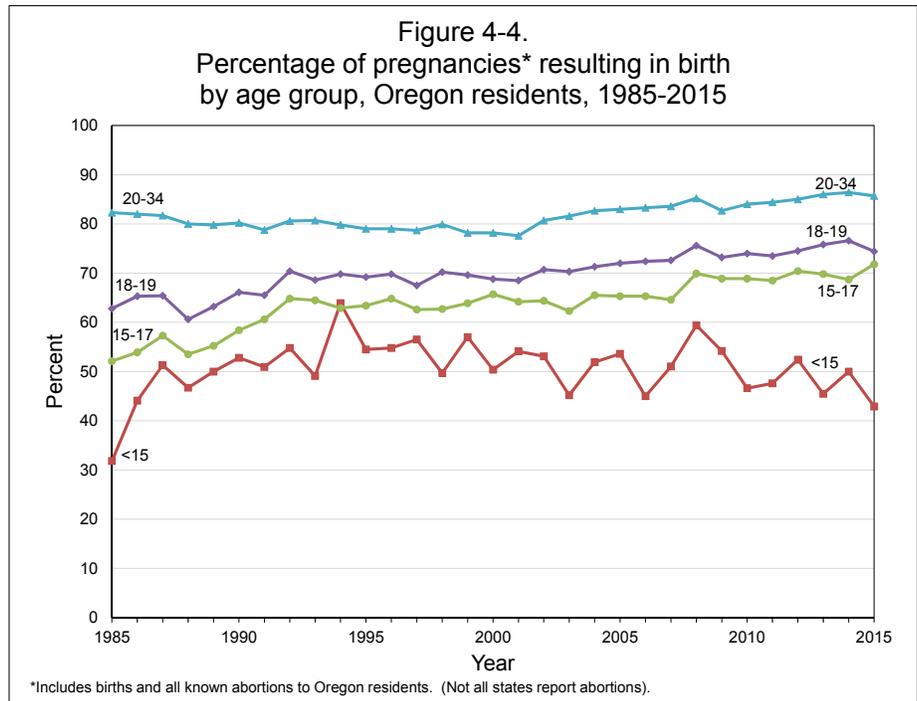
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### Oregon females, aged 18–19

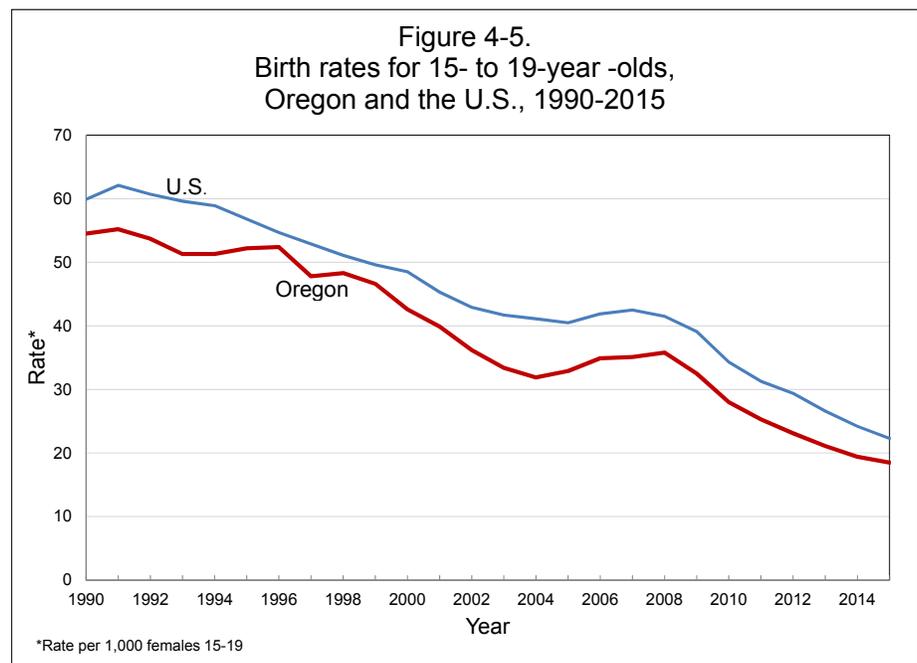
In 2015, the pregnancy rate for Oregonians aged 18–19 was 44.5 per 1,000 females, a 2.0% decrease from 2014. Comparisons with the 2014 figures show a 4.6% decrease in the birth rate and a 7.5% increase in the abortion rate among women aged 18–19 (see Table 4-1).

Of the 2,300 pregnancies among women aged 18–19, 74.4% (1,712) resulted in a live birth (see Figure 4-4). It was the first child for 83.7% 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 4.6% in 2015 (18.5 vs. 19.4 per 1,000 females in 2014; see Table 4-1). The 2015 rate was 66.5% 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 2015 birth rate for 15–19-year-old teens was 17.0% below the national rate(1) (18.5 vs. 22.3 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 2010 census, the proportion of racial minorities was relatively stable while the proportion of Hispanic residents tripled from 4% to 12%.(2,3) Nevertheless, during this period of increased diversity, Oregon’s teen pregnancy rate for 15–19-year-olds fell from 86.0 per 1,000 females in 1990 to 25.1 in 2015, a 70.8% decrease (see Table 4-1; for further discussion of Oregon’s demographic characteristics and teen pregnancy rates, see Appendix B: “Methodology”).

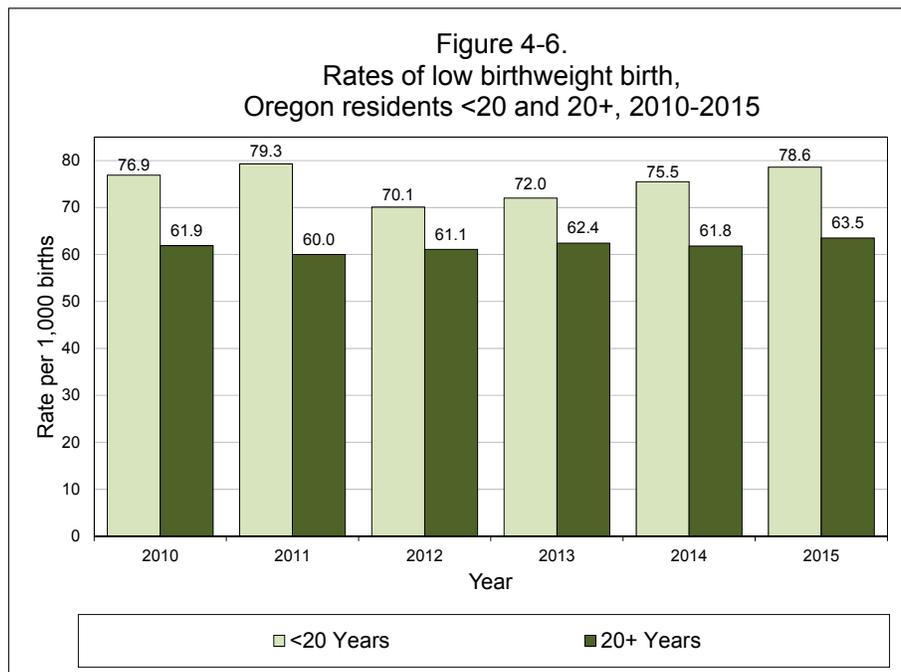
Age	Oregon		U.S.
	2015	2014	2015
15-17	8.0	8.5	9.9
18-19	33.2	34.8	40.7
15-19	18.5	19.4	22.3

<sup>1</sup> All rates per 1,000 females.

## Level of infant health

### Low birthweight

The best single measure of newborn infant health is low birthweight, 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 2015, the low birthweight rate for teen mothers aged 15–19 was 79.1 per 1,000 births (see Table 4-7), a 6.3% increase from 2014. For 15–17-year-olds, the rate (83.2 per 1,000) decreased by 5.9%. The teen rate for low birthweight remained higher than for mothers aged 20 and older (63.5 per 1,000; see Table 2-27). The difference in the low birthweight rates between teen and older mothers continued to increase slightly in 2015 (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 2015, for example, 53.3% of unmarried Hispanics aged 15–17 started prenatal care during their first trimester, compared to 72.0% of married non-Hispanic White women aged 18–19 (see Table 4-7).

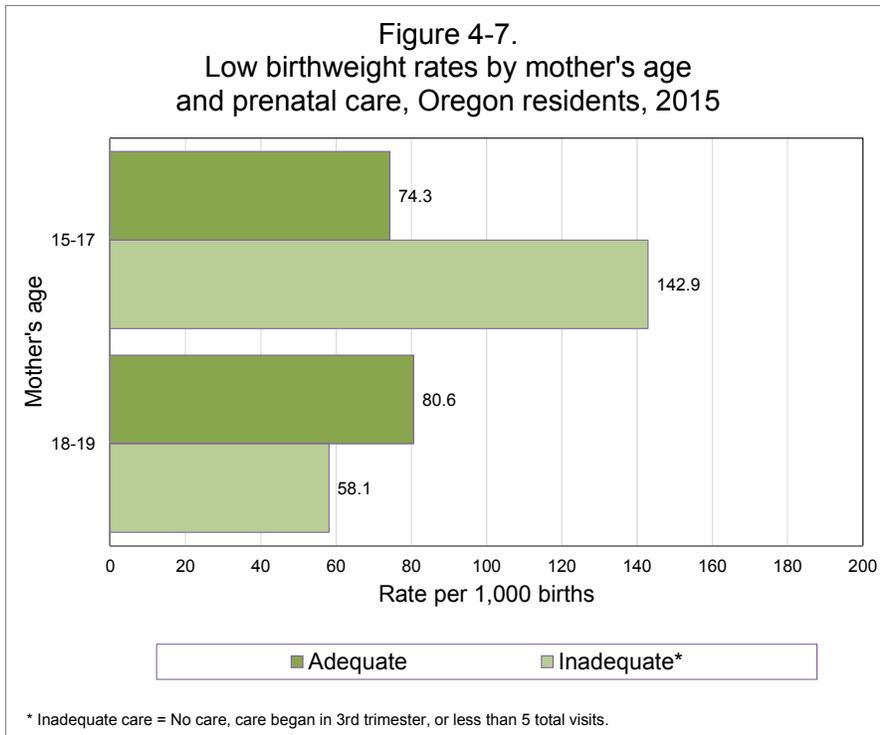
Low birthweight rates among teen mothers by racial/ethnic grouping are displayed in Table 4-7. Between 2014 and 2015, the rate of low birthweight infants for Hispanic teens aged 15–17 decreased by 37.1%. The low birthweight rate for Hispanic teens aged 18–19 during this same period decreased by 9.1%. Among non-Hispanic, non-White groups, the low birthweight rate for teens aged 15–17 increased by 233.3%, while the rate for 18–19-year-olds decreased by 32.6 %.

### **Prenatal care**

Table 4-6 shows the association between inadequate prenatal care and frequency of low birthweight infants for teens that gave birth in 2015. 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 (82.6 vs. 79.0 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 74.3 vs. 142.9; for mothers 18–19, the rates were 80.6 vs. 58.1.

- **Early prenatal care**

Prenatal care should begin within the first 12 weeks



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 2015, only 65.6% of teen mothers started prenatal care during the first trimester, compared to 79.7% for women aged 20 and older (see sidebar Table 4-C). Only 57.6% of those 15–17 received first trimester prenatal care, an increase from 56.7% in 2014 (see Table 4-10).

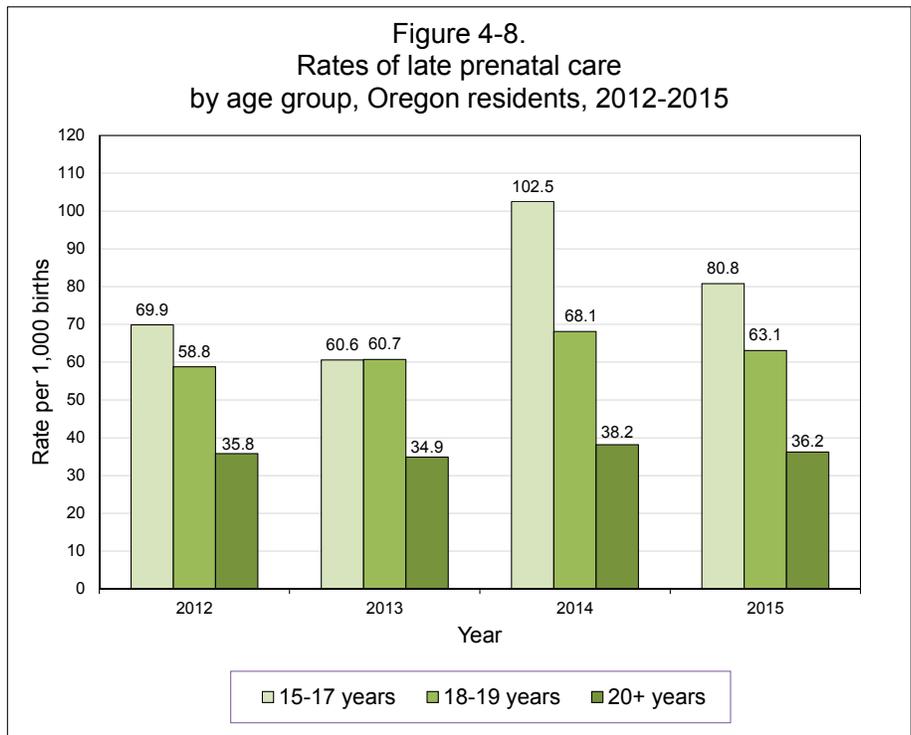
<b>Table 4-C. Oregon benchmark:</b> <i>first trimester prenatal care, 2015</i>	
<b>Year 2015 goal: 90%</b>	
<b>All Women</b>	79.0
<b>All Teens</b>	65.6
15-17 Years	57.6
18-19 Years	68.7
20+ Years	79.7

- **Inadequate prenatal care**

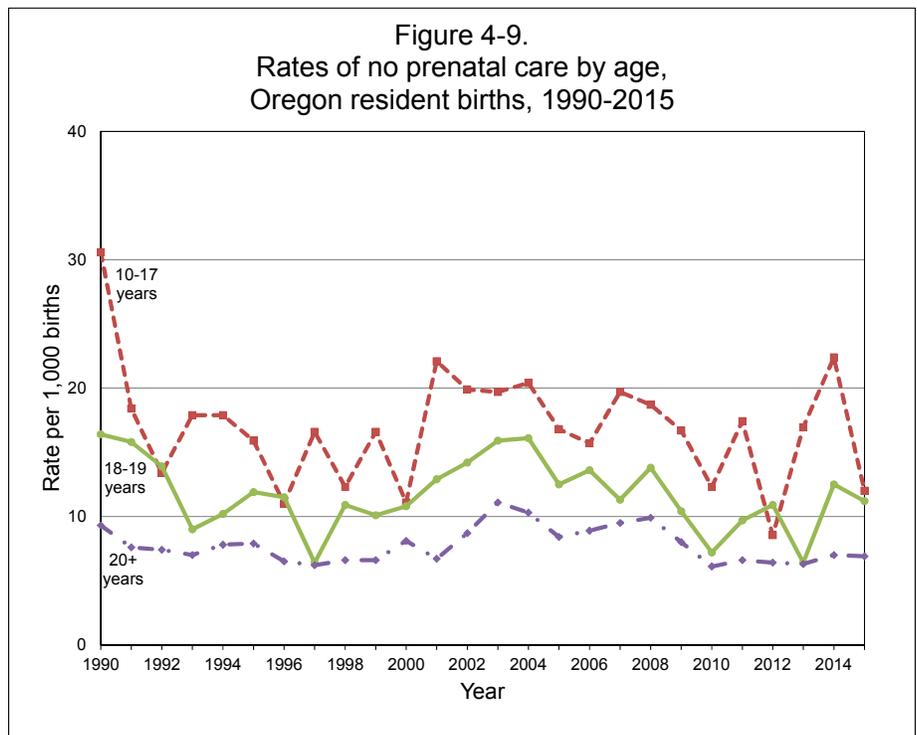
Inadequate prenatal care is defined as no prenatal care, care beginning after the second trimester of pregnancy or care involving fewer than five prenatal visits. By this measure, 11.1% of 15–17-year-old teens and 9.2% of 18–19-year-old teens received inadequate prenatal care in 2015. This compares with 5.5% of women aged 20 or older who received inadequate care (see Table 4-10). The proportion of women under age 20 that received inadequate prenatal care decreased by 14.5% in 2015, to 9.8% from 11.5% in 2014.

- **Late care or no prenatal care**

From 2014 to 2015, the proportion of teens aged 15–17



that began prenatal care during the third trimester decreased 21.1% to 80.8 per 1,000 live births (see Figure 4-8). In 2015, the rate of no prenatal care among teens 15–17 was 12.3 per 1,000 live births, almost twice the rate among women aged 20 and older (6.9 per 1,000 live births; see Table 4-10, 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 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 2015, the low five-minute Apgar rate for newborns of mothers aged 15–17 was 24.3 per 1,000 births (Table 4-9), a 47.1% decrease from 2014 (45.9 per 1,000). The low five-minute Apgar rate for infants born to women under age 20 was 19.0% higher than the rate for infants born to women 20 years or older (30.0 compared to 25.2 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. Teen mothers may be deterred by Oregon legal age limits placed on the purchase and/or possession of these substances.

### Tobacco

The percentage of teens aged 15–19 that reported smoking during pregnancy in 2015 was just over 1.5 times higher than the percentage reported by women aged 20 and older (15.0% vs. 9.7%; see Table 4-9). Women who smoked during pregnancy had a higher rate of low birthweight babies than nonsmokers. Mothers aged 20 or older show the greatest difference between low birthweight rates by tobacco use (107.7 vs. 58.4 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 reported less use of alcohol during pregnancy than women aged 20 and older (2.7 per 1,000 births vs. 9.4 per 1,000 births).

	<20	20+
Nonsmokers	71.7	58.4
Smokers	114.0	107.7

<sup>1</sup> All Rates per 1,000 births

## Source of payment

The source of payment is reported as the expected primary payment source at the time of labor and delivery. The percentage of teen mothers that reported the use of public funds to pay the costs associated with birth was nearly twice that of older mothers. In 2015, birth certificate data reported that Medicaid/Oregon Health Plan paid for 77.4% of births to teens aged 15–19 and 43.8% of births to women aged 20 and older where source of payment was reported (see Table 4-10).

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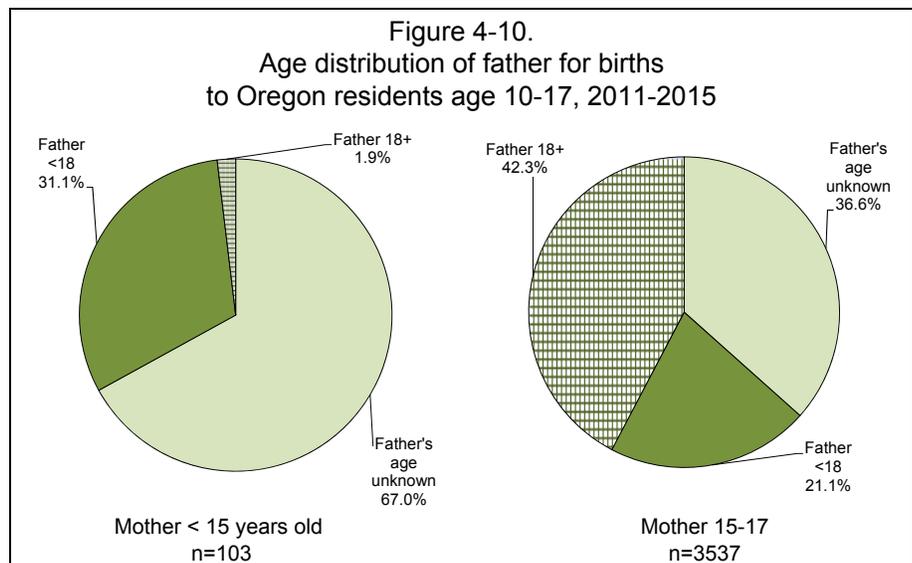
**Medicaid/OHP paid for 77.4% of births to teens in 2015.**

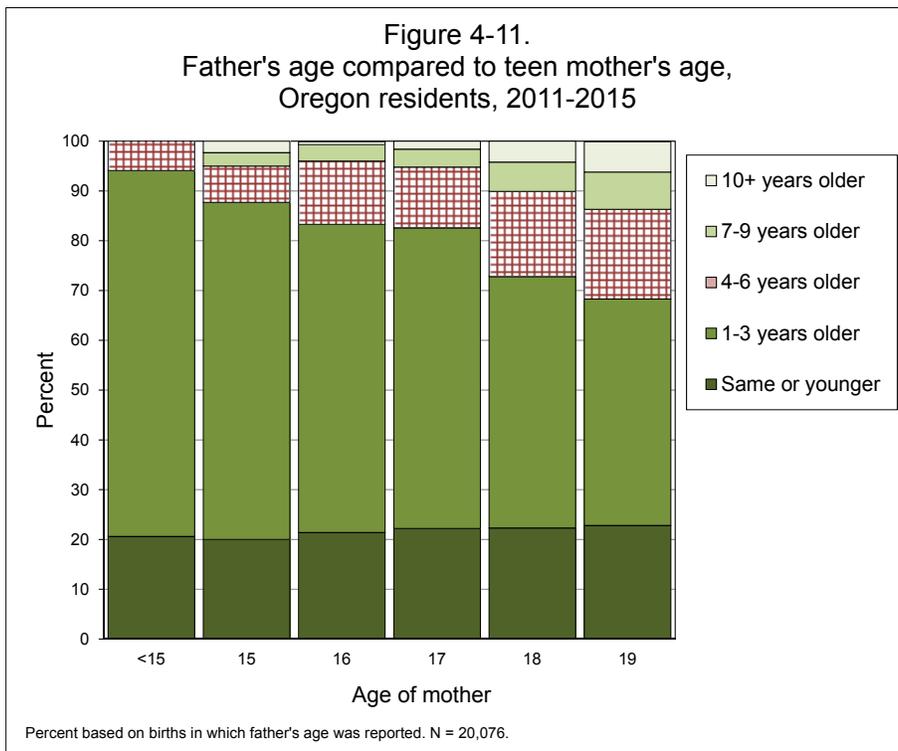
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## Age of father

Between 2011 and 2015, 36.6% 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). Two-thirds (67.0%) of the birth records in which 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, 31.1% were younger than age 18 and 1.9% were aged 18 or older. Birth records for mothers aged 15–17 reported father's age for 63.4% of births. Where the father's age was reported, 33.3% of fathers were under age 18 and 66.7% were aged 18 or older.

For all teens, including the youngest mothers (less than 15 years of age), the father was more than six years older than the mother in 10.6% of the births during 2011–2015 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 0% of births to mothers under age 15, to a high of 13.6% for 19-year-old teens (see Figure 4-11).

**Endnotes**

1. Centers for Disease Control and Prevention (CDC). Births in the United States, 2015. NCHS Data Brief. September 2016; No. 258.
2. U.S. Census Bureau. Census 2000, 2000 census of population and housing, Oregon: 2000 Summary Population and Housing Characteristics. Issued June 2002. PHC -1-39.
3. U.S. Census Bureau. Census 2010, 2010 census of population and housing, Oregon: 2010 Summary Population and Housing Characteristics. Issued June 2012, CPH -1-39.