

Teen pregnancy

Current trends

In 2005, 5,806 pregnancies occurred among Oregon females under age 20. Of these, 52.9 percent had neither completed high school nor obtained a general equivalency diploma (GED). Of those who took their pregnancies to term, 78.9 percent were unmarried at the time of birth. (See 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 ages 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. (See Appendix B.)

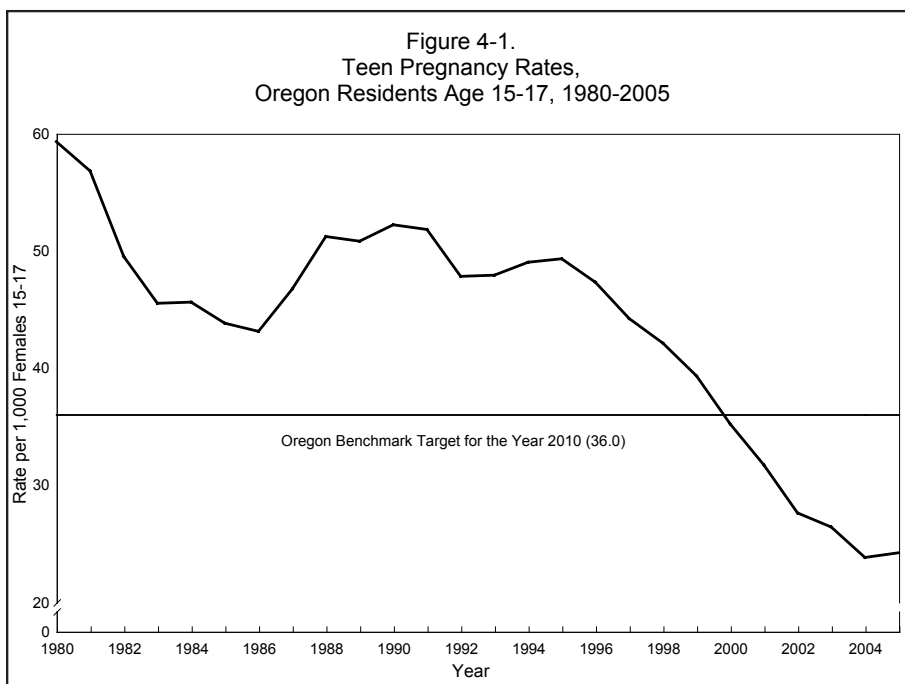
Pregnancy rates for Oregonians ages 15 to 17 edged up 1.7 percent from 2004.

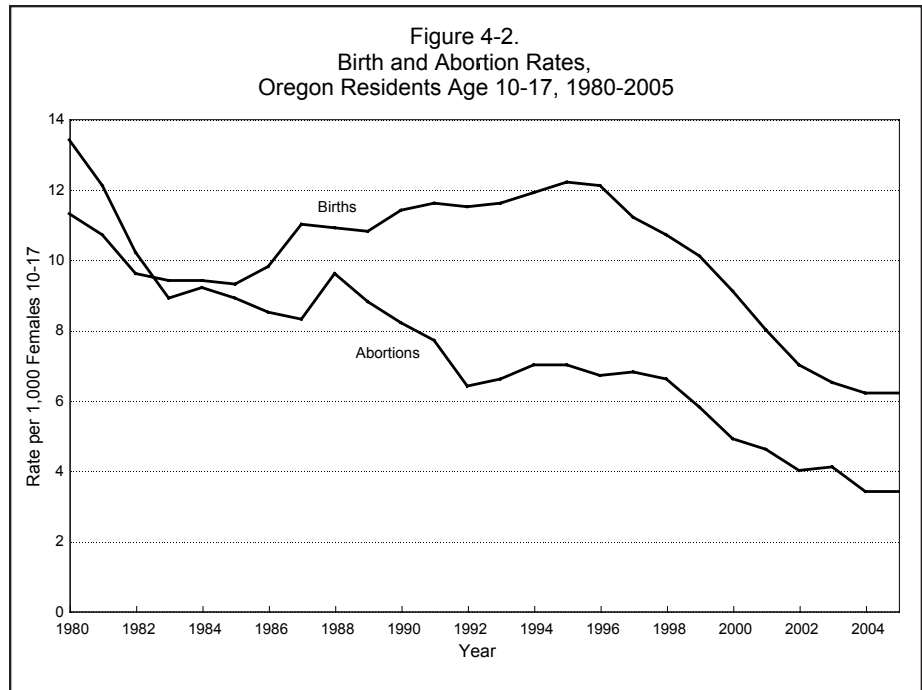
Oregon females under 18

Efforts at preventing teen pregnancies are focused primarily on females under age 18. During 2005, at least 1,859 pregnancies occurred among Oregon females under age 18, 38 fewer than in 2004. (See Table 4-2.) In 2005, the statewide pregnancy rate among women ages 10 to 17 remained unchanged from the previous year at 9.5. (See Table 4-2.) This continues a 10-year period in which rates have not increased and indicates that teens are showing improvement in protecting them-

Oregon Benchmark Teen Pregnancy Rates 15-17	
Year 2010 Goal: 36.0	
Year	Rate
1980	59.3
1981	56.8
1982	49.5
1983	45.5
1984	45.6
1985	43.8
1986	43.1
1987	46.7
1988	51.2
1989	50.8
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

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





Abortion rates for teens age 10 to 17 remained unchanged from 2004 at 3.4 per 1,000 females age 10-17.

selves against becoming pregnant. Pregnancy rates for teens ages 10 to 17 varied by county and seven counties had rates statistically significantly different than the state rate. (See Table 4-5.) The 2005 rate for teens 15-17 was 32.8 percent below the Oregon Benchmark goal for the year 2010: 36 pregnancies per 1,000 females. (See Figure 4-1.)

In 2005, the two youngest females to become pregnant were age 11. Ninety-seven pregnancies occurred among females under age 15.

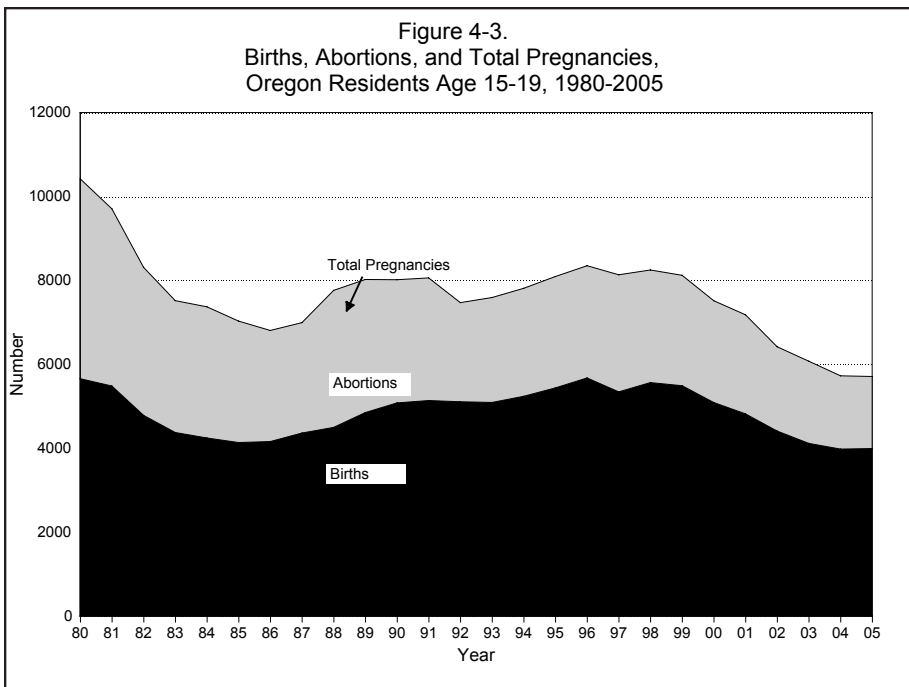
Births to teens under 18

There were 1,203 births to Oregon teens under age 18 in 2005. Sixty-five percent of the pregnancies among teens ages 10 to 17 resulted in a live birth, compared to 46 percent in 1980. (See Table 4-2.) It was the mother's first child in 92.1 percent of these births. (See Table 4-9.) The birth rate for females ages 10 to 17 was 6.2, unchanged from the previous year. Fifty-two girls ages 10 to 14 gave birth during 2005, three fewer than the previous year. (See Table 4-2.)

Abortion rates among teens under 18

Abortion rates among teens were unchanged compared to 2004: for females ages 10 to 17, the abortion rate remained at 3.4 per 1,000. (See Table 4-2, Figure 4-2.) There were 656 abortions among Oregon females ages 10 to 17 reported during 2005, 13 fewer abortions than in 2004. Since the record high abortion rate recorded in 1980, the rate for females ages 10 to 17 has decreased by more than 74 percent (from 13.4 to 3.4 per 1,000 females).

Figure 4-3 and Figure 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 now

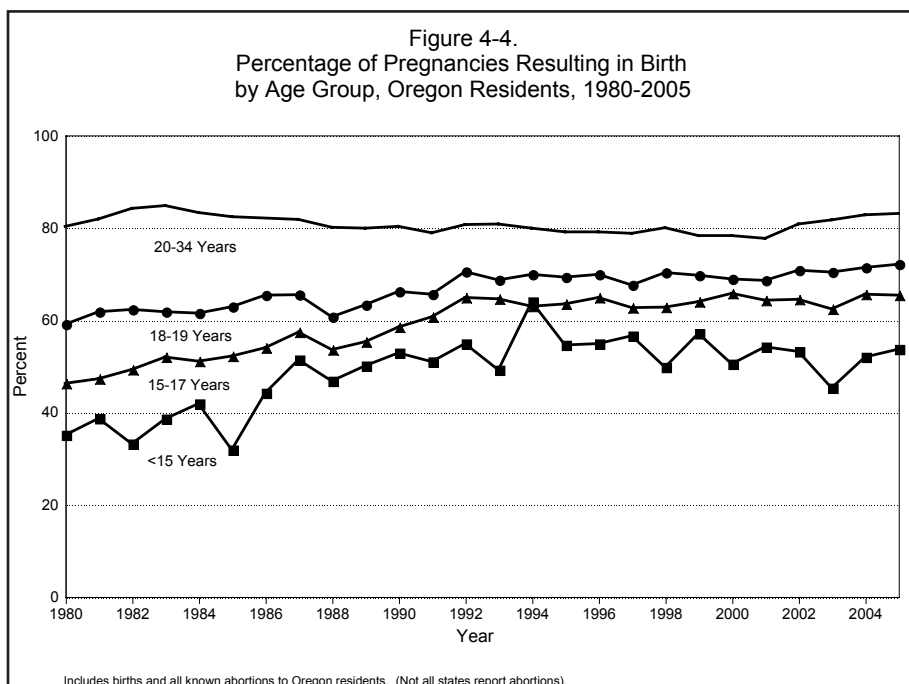


than they were in 1980. Since 1980, the younger the teen, the more likely the pregnancy would be terminated. However, even among teens under 15, half of the pregnancies resulted in a live birth in 2005. (See Table 4-2, Figure 4-4.)

**Birth rates for teens
age 18 to 19 increased
by 3.5% from 2004.**

Oregon females 18-19

In 2005, the pregnancy rate for Oregonians ages 18 to 19 was 81.5 per 1,000 females, a 2.5 percent increase from 2004. Comparisons with the 2004 figures show an increase in the birth rate (3.5 percent), while the abortion rate remained unchanged among women ages 18 to 19. (See Table 4-1.)



Of the 3,947 pregnancies among women ages 18 to 19, 72 percent (2,841) resulted in birth. (See Figure 4-4.) It was the first child for 78.1 percent of the women giving birth.

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 3.1 percent in 2005 (32.9 vs. 31.9 per 1,000 females in 2004). (See Table 4-1.) The 2005 rate was 40.4 percent 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 2005 birth rate for 15- to 19-year-old teens was 18.6 percent below the national rate (32.9 vs. 40.4 per 1,000 females; see sidebar). Oregon’s lower teen birth rate may be attributed in large part to its demographic characteristics. Historically, African American and Hispanic populations have had higher teen birth rates and have been underrepresented in the state. Oregon’s diversity, however, is increasing. Between the 1990 and the 2000 census, the proportion of Hispanic residents doubled from 4 percent to 8 percent while the proportion of racial minorities was relatively unchanged.¹ Nevertheless, during this period, Oregon’s teen pregnancy rate for 15- to 19-year-olds fell from 86 per 1,000 females in 1990 to 47.1 in 2005, a 45.2 percent decrease. (See Table 4-1.) (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.
	2005	2004	2005
10-17	6.2	6.2	NA
10-14	0.4	0.4	0.7
15-17	15.8	15.6	21.4
18-19	58.7	56.7	69.9
15-19	32.9	31.9	40.4

¹All rates per 1,000 females.

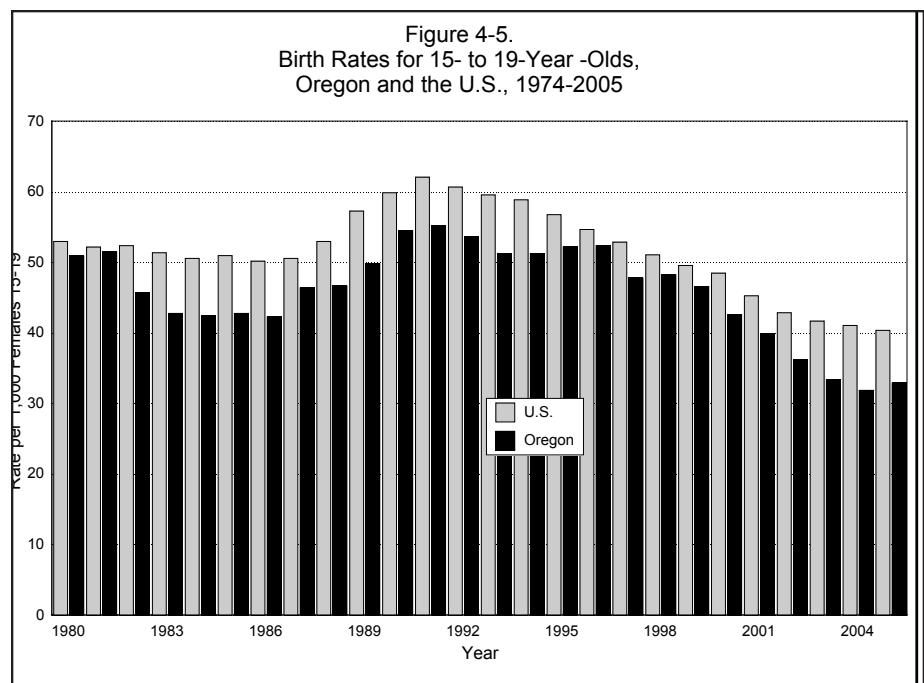
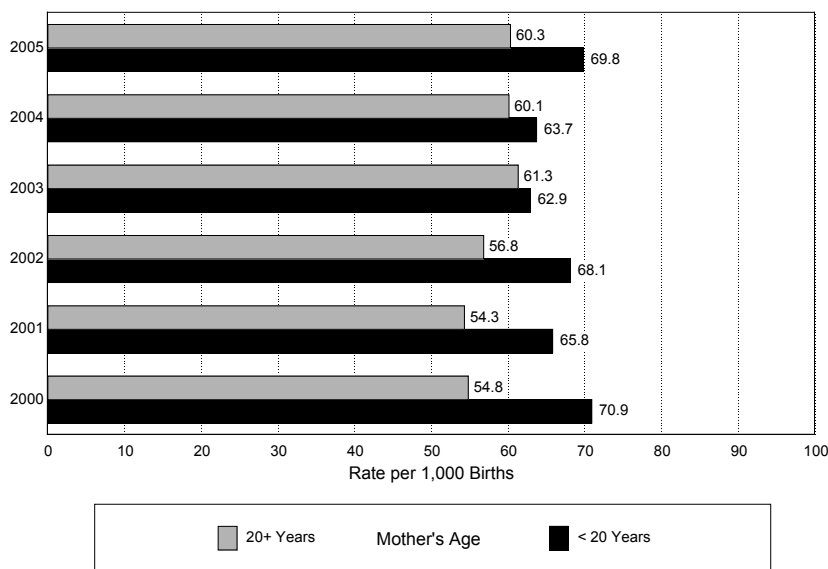


Figure 4-6.
Rates of Low Birthweight Birth,
Oregon Residents <20 and 20+, 2000-2005



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 2005, the low birthweight rate for teen mothers ages 15-19 was 69.4 per 1,000 births (Table 4-4), a 9.6 percent increase from 2004. For 15- to 17-year-olds, the rate (73.8 per 1,000) increased by 15.5 percent. The teen rate for low birthweight remained higher than those for mothers age 20 and older (60.3 per 1,000). (See Table 2-29.) The difference in the low birthweight rates between the two groups recently has narrowed. (See Figure 4-6.)

Race and ethnicity

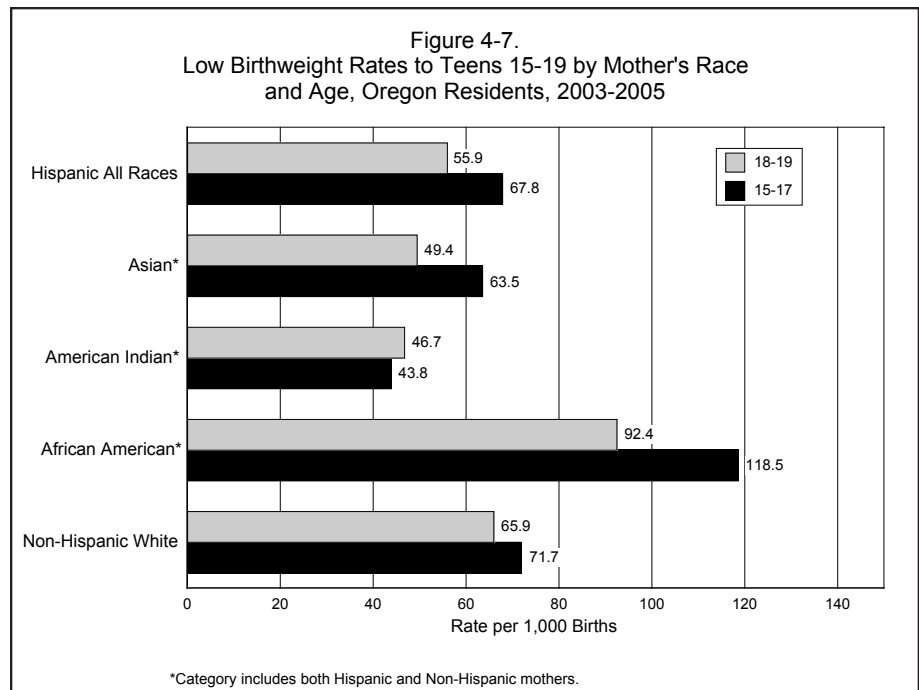
Demographic factors such as race, ethnicity and marital status combine with age to influence the likelihood that a teenager will receive early prenatal care. In 2005, for example, 52.3 percent of unmarried Hispanics ages 15-17 started prenatal care during their first trimester, compared to 70.9 percent of married non-Hispanic whites ages 18-19. (See Table 4-4.)

Low birthweight rates among teen mothers by racial/ethnic grouping are displayed in the sidebar and in Table 4-4. Between 2004 and 2005, the rate of low birthweight for Hispanic teens ages 15-17 increased by 10.1 percent; the low

Low Birthweight Rates ¹ by Race/Ethnicity and Age, 2004		
Race/Ethnicity	Age	
	15-17	18-19
Rates		
Non-Hispanic White	73.5	69.0
Hispanic (All Races)	72.8	60.1
Non-Hispanic, Non-white	75.3	80.2
Percent Change, 2005 vs. 2005		
Non-Hispanic White	9.9	11.5
Hispanic (All Races)	10.1	-8.2
Non-Hispanic, Non-white	88.3	21.3

¹All rates per 1,000 births

birthweight rate for Hispanic teens ages 18-19 during this same period decreased by 8.2 percent. Among non-Hispanic, non-white groups, the low birthweight rate for teens ages 15-17 increased by 88.3 percent, while the rate for 18- to 19-year-olds increased by 21.3 percent. (See sidebar, previous page.)



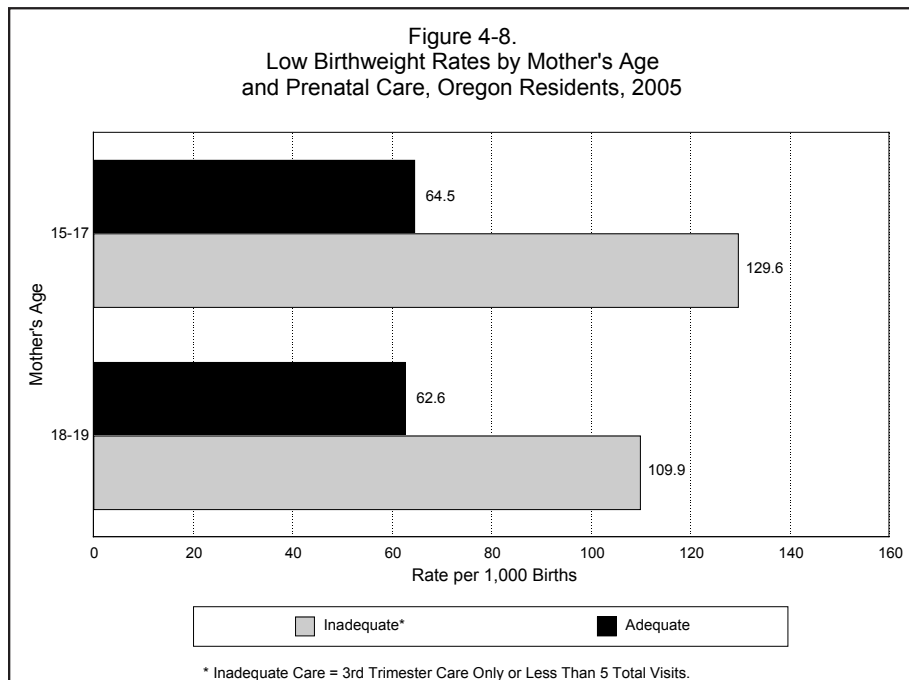
Oregon Benchmark: First Trimester Prenatal Care, 2005	
Year 2010 Goal: 90%	
All Women	81.0
All Teens	65.2
10-17 Years	57.5
18-19 Years	68.4
20+ Years	82.5

Prenatal care

Table 4-3 shows the association between inadequate prenatal care and frequency of low birthweight infants among teens who gave birth in 2005. Among mothers ages 15-19, those who received inadequate prenatal care were more likely to have low birthweight babies than those who had received adequate care (117.1 vs. 63.2 per 1,000 live births). Figure 4-8 shows low birthweight rates per 1,000 live births by adequate and inadequate prenatal care. For mothers 15-17, the rates were 64.5 vs. 129.6; for mothers 18-19, they were 62.6 vs. 109.9.

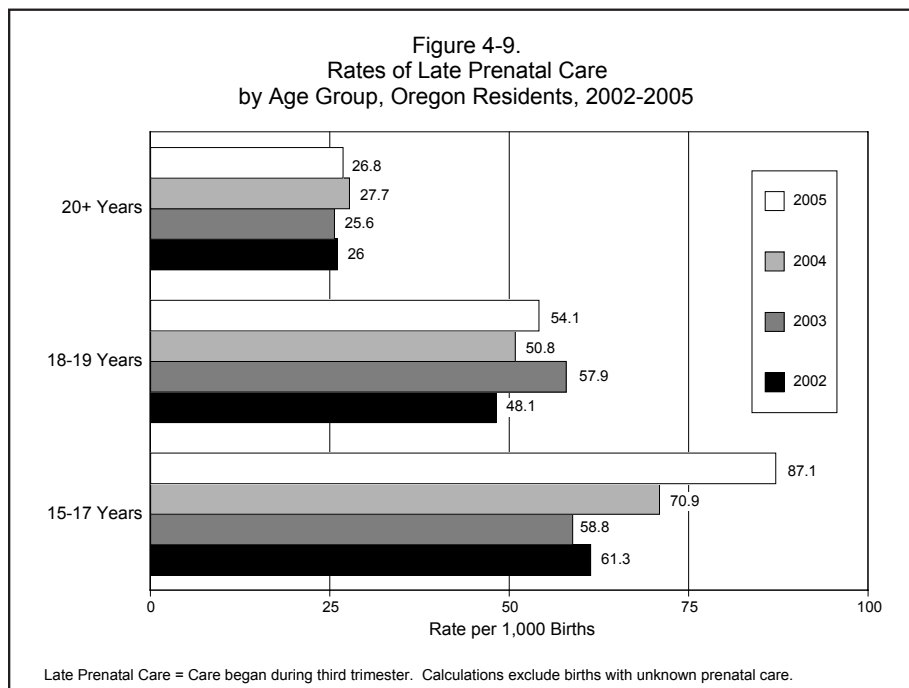
Early prenatal care

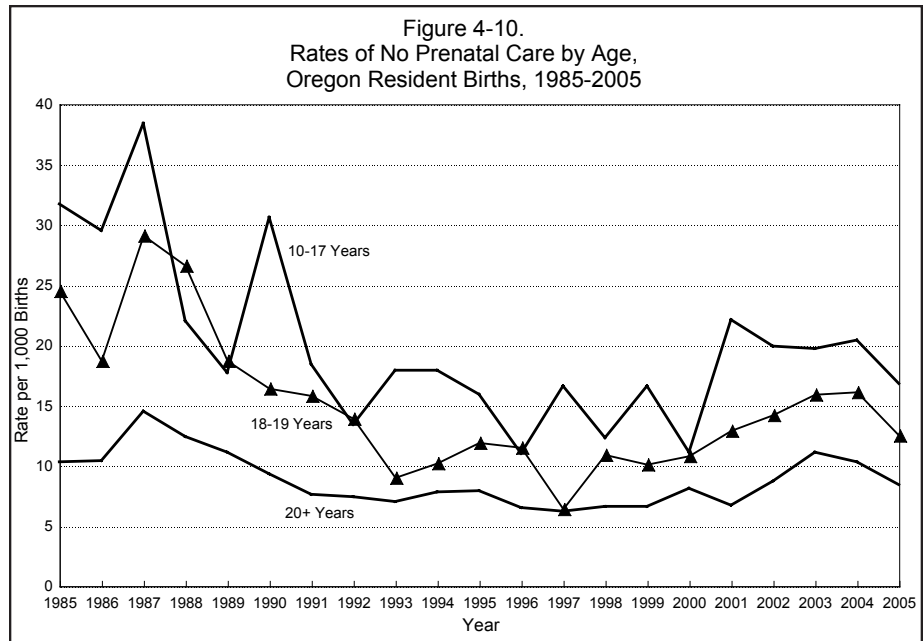
Prenatal care should begin within the first three months of pregnancy to allow early detection of complications and to ensure the health of both the mother and the infant. An Oregon Benchmark goal is that by the year 2010, 90 percent of pregnant women, regardless of age, will begin medical care during the first trimester of pregnancy. Teens are further from this goal than any other age group: in 2005, only 65.2 percent of teens giving birth started prenatal care during the first trimester compared to 82.5 percent for women age 20 and older (see sidebar). Only 57.5 percent of those under age 18 received early prenatal care, a decrease from 58.5 percent in 2005. (See 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, 14.2 percent of 15- to 17-year-old teens and 10.1 percent of 18- to 19-year-old teens received inadequate prenatal care in 2005. This compares with 5.3 percent of women age 20 or older who received inadequate care. (See Table 4-10.) The proportion of women under age 20 who received inadequate prenatal care increased by 14 percent in 2005, from 10 percent in 2004 to 11.4 percent.





Late care and no prenatal care

The proportion of teens ages 15-17 who began prenatal care during the third trimester increased 22.8 percent to 87.1 per 1,000 live births in 2005. (See Figure 4-9.) Teens under age 18 are more likely than older women to go through pregnancy without a single visit to a medical provider; in 2005, the rate of no prenatal care among teens under age 18 was 16.8 per 1,000 live births, almost two times the rate of women age 20 and older (8.4 per 1,000 live births). (See Figure 4-10.)

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 seven is considered low and indicates that an infant is at greater than normal risk for morbidity and mortality. The 2005 low Apgar rate for newborns of mothers ages 10-19 was 21.3 per 1,000 births (Table 4-9), a 15.8 percent increase from 2005 (18.4 per 1,000). The low Apgar rate for infants born to women under age 20 was 46.9 percent higher than the rate for infants born to women 20 years or older (14.5 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 or possess alcohol in Oregon is 21 years old. The legal age to purchase tobacco products is age 18.

Tobacco

Teens ages 15 to 19 were almost twice as likely to report smoking during pregnancy than were women age 20 and older (20.2 percent vs. 11.7 percent). (See Table 4-9.) Women

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 (97.1 vs. 55.0 per 1,000 live births). However, this is in part because the low birthweight rate for teen mothers is already 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.

	<20	20+
Nonsmokers	64.5	55.0
Smokers	88.4	97.1

¹ All Rates per 1,000 births

Alcohol

Reported alcohol use by teens ages 15 to 19 during pregnancy decreased from 13.4 per 1,000 live births in 2004 to 12.0 in 2005, a decrease of 10.4 percent. Teens ages 15 to 19 were less likely to report the use of alcohol during pregnancy than were women age 20 and older (12 vs. 14.3 per 1,000 births). (See Table 4-9.) Alcohol use for women age 20 and older decreased 4.7 percent, from 15.0 per 1,000 live births in 2004 to 14.3 in 2005.

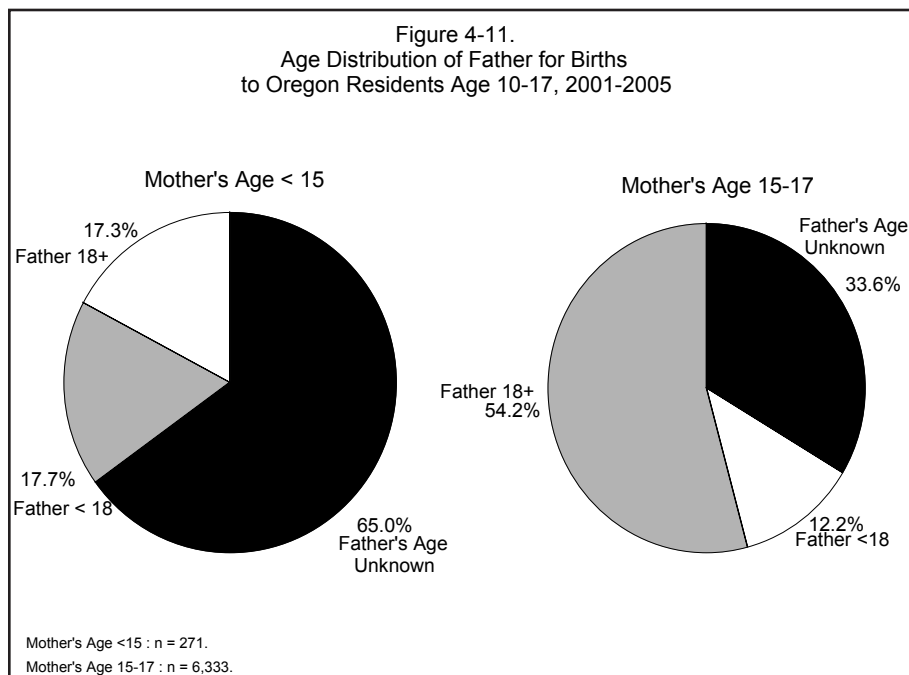
Source of payment

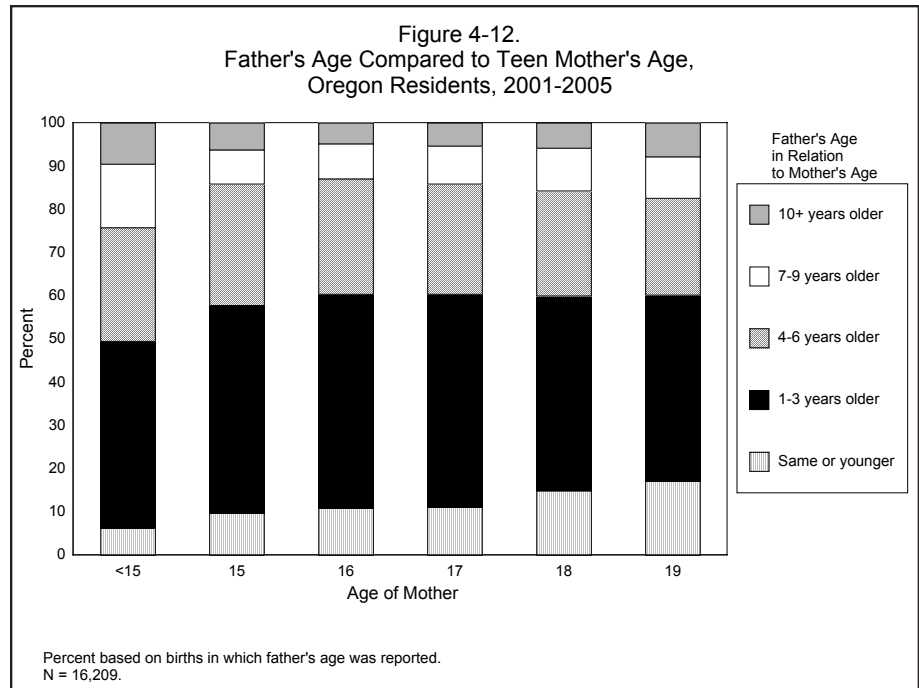
Costs associated with births to teen mothers were more than twice as likely to be paid with public funds as births to older women. In 2005, Medicaid paid for 74.7 percent of births to teens (under age 20) and 38.1 percent of births to women age 20 and older where payor source was reported. (See Table 4-10.)

Medicaid paid for 74.7 percent of births to teens.

Age of father

During 2001-2005, 34.9 percent of birth records for babies born to teens ages 10 to 17 did not indicate father's age, because the father was not identified on the certificate. (See Figure 4-11, Table 4-13.) More than three-fifths (64.9 percent)





of the birth records where the mother was under age 15 did not list father's age. Where the father's age was reported for teen mothers under age 15, 50.5 percent were younger than age 18 and 49.5 percent were age 18 or older. Birth records for mothers ages 15 to 17 report father's age for 66.4 percent of the births. Where the father's age was reported, 18.3 percent of fathers were under age 18 and 81.7 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 percent of the births for the 2001–2005 period where the father's age was reported. This difference in ages ranged from a low of 13 percent of births to 16-year-old mothers to a high of 24.2 percent for teens less than 15 years old. (See Figure 4-12.)

Endnote

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