

Teen pregnancy

Current trends

In 2007, 6,271 pregnancies occurred among Oregon females under 20 years of age. Of these, 52.3 percent had neither completed high school nor obtained a general equivalency diploma (GED). Of those who took their pregnancies to term, 81.1 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 18 years of age and females aged 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.)

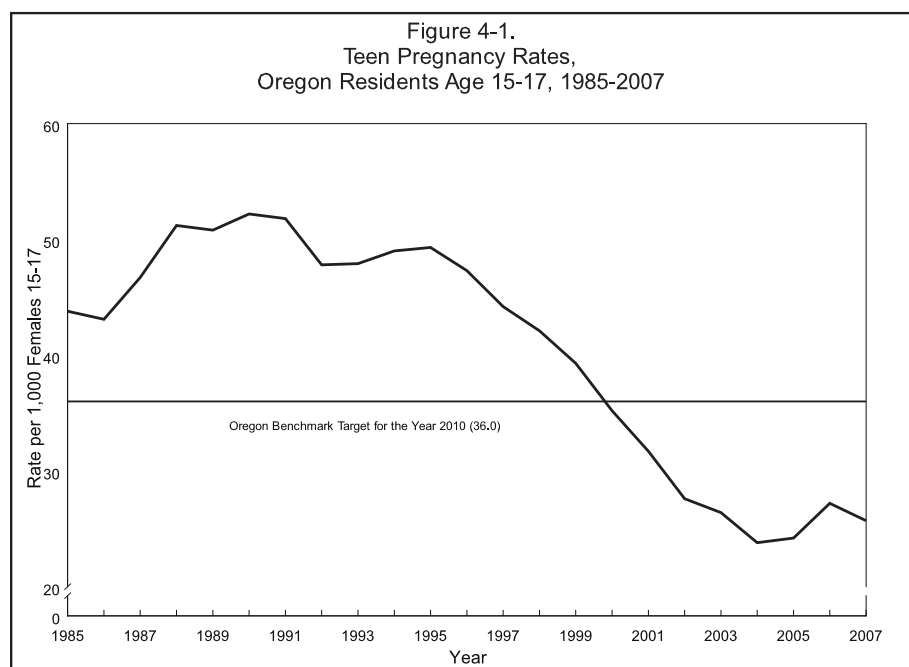
Oregon females under 18

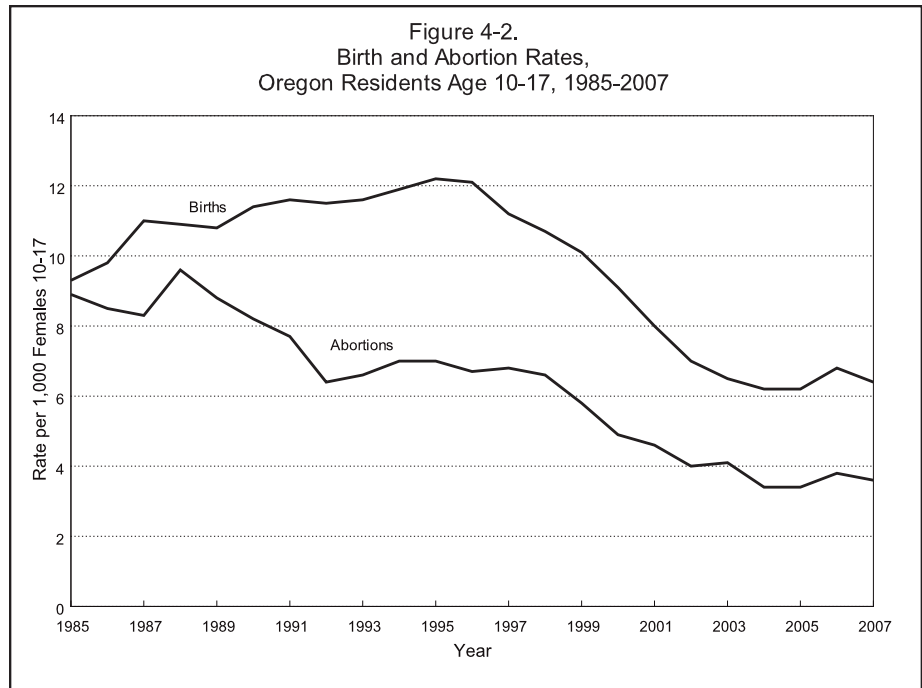
Efforts at preventing teen pregnancies are focused primarily on females under 18 years of age. During 2007, at least 2,000 pregnancies occurred among Oregon females under age 18, 96 fewer than in 2006. (See Table 4-2.) In 2007, the statewide pregnancy rate among women aged 10 to 17 decreased 0.5 percent from 10.6 in 2006 to 10.1 in 2007. (See Table 4-2.) During the past 12-year period, the pregnancy rate among women aged 10-17 has only increased once, during 2006,

Pregnancy rates for Oregonians ages 10 to 17 remained unchanged from 2004 at 9.5 per 1,000 females aged 10-17.

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
2006	27.2
2007	25.7

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





Abortion rates for teens aged 10 to 17 decreased 5.3% from 2006.

when it was 10.6. This pregnancy rate remains historically low, more than 47 percent lower than the rate in 1995. Pregnancy rates for teens ages 10 to 17 varied by county and eight counties had rates statistically significantly different than the state rate. (See Table 4-5.) The 2007 rate for teens 15-17 was 28.6 percent below the Oregon Benchmark goal for the year 2010: 36 pregnancies per 1,000 females. (See Figure 4-1.)

In 2007, the youngest female to become pregnant was age 12. Ninety-seven pregnancies occurred among females under 15 years of age.

Births to teens under 18

There were 1,278 births to Oregon teens under 18 years of age in 2007. Sixty-four percent of the pregnancies among teens aged 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 92.8 percent of these births. (See Table 4-9.) The birth rate for females aged 10 to 17 was 6.4, a decrease of 0.4 percent from the previous year. Fifty girls aged 10 to 14 gave birth during 2007, five more than the previous year. (See Table 4-2.)

Abortion rates among teens under 18

Abortion rates among teens decreased 5.3 percent from 2006, however the rate continues to be historically low for females aged 10 to 17, the abortion rate declined to 3.6 per 1,000, from 3.8 in 2006. (See Table 4-2, Figure 4-2.) There were 722 abortions among Oregon females aged 10 to 17 reported during 2007, 26 fewer abortions than in 2006. Since the record high abortion rate recorded in 1980, the rate for females aged 10 to 17 has decreased by more than 73.1 percent (from 13.4 to 3.6 per 1,000 females).

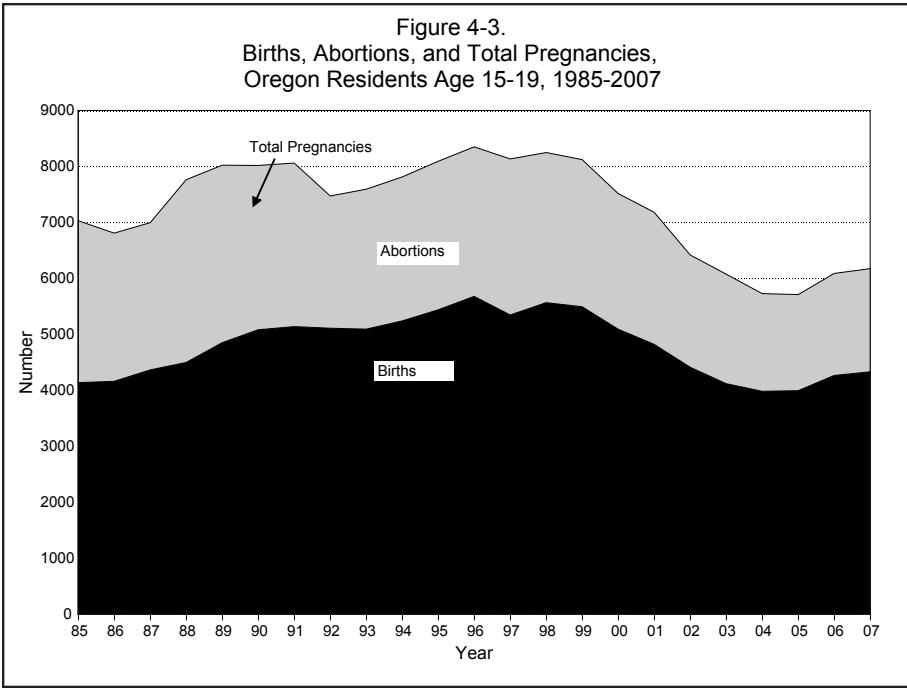
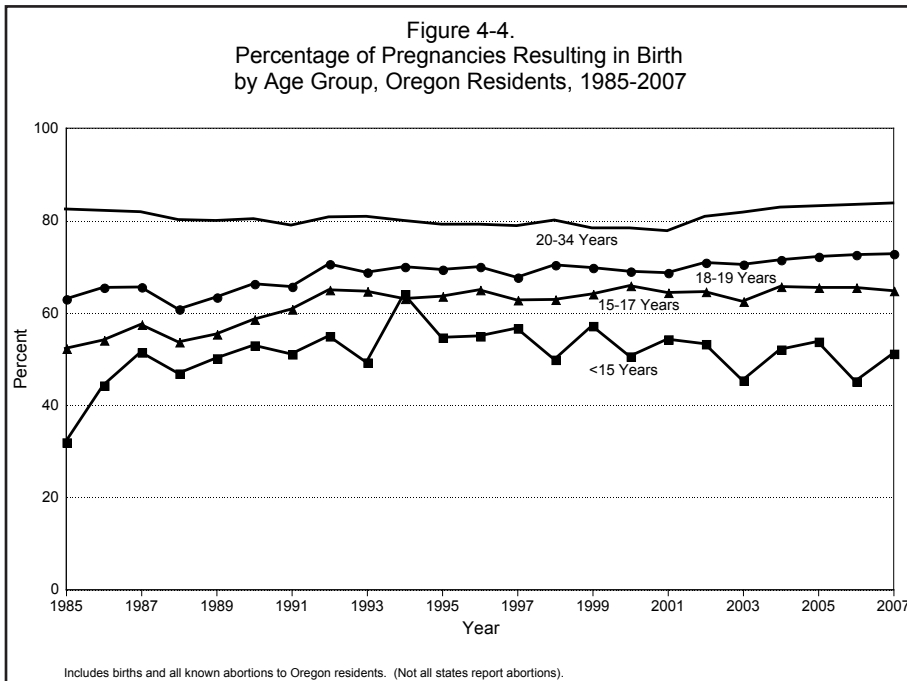


Figure 4-3 and Figure 4-4 present the historical pattern of the result of pregnancies (birth and abortion). As Figure 4-4 indicates, teens are more likely to carry a pregnancy to term now than they were in 1985. Since 1985, the younger the teen, the more likely the pregnancy would be terminated. However, even among teens under 15, 51 percent of the pregnancies resulted in a live birth in 2007. (See Table 4-2, Figure 4-4.)

***Birth rates for
teens aged 18 to 19
increased by 4.1%
from 2006.***

Oregon females 18-19

In 2007, the pregnancy rate for Oregonians aged 18 to 19 was 86.9 per 1,000 females, a 3.1 percent increase from 2006.



Comparisons with the 2006 figures show an increase in both the birth rate (4.1 percent), and the abortion rate increased 2.6 percent among women aged 18 to 19. (See Table 4-1.)

Of the 4,271 pregnancies among women ages 18 to 19, 73 percent (3,100) resulted in birth. (See Figure 4-4.) It was the first child for 78.8 percent of the women giving birth.

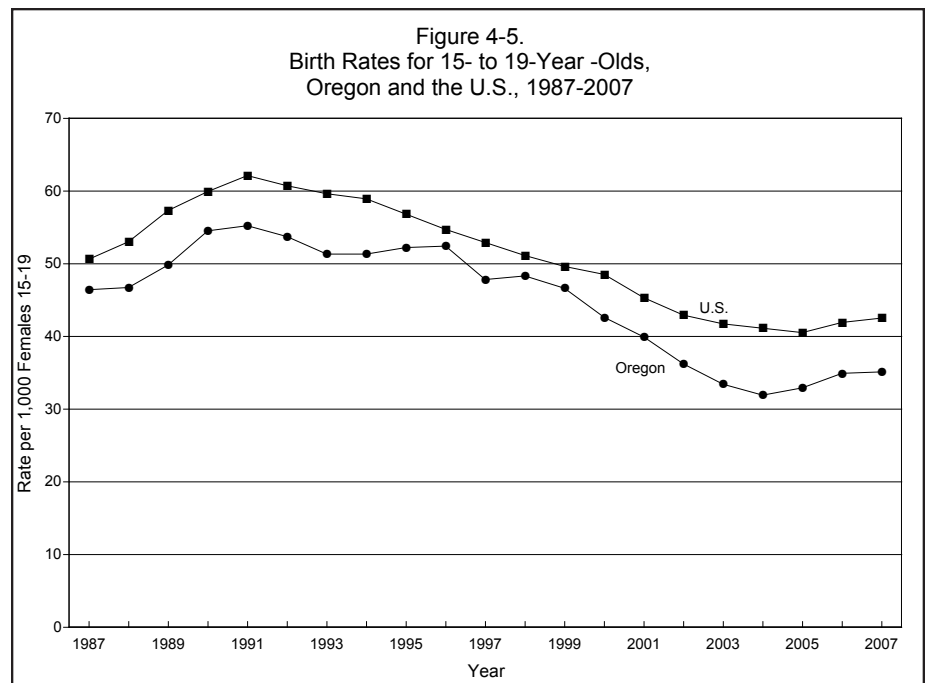
Oregon rates vs. U.S. rates

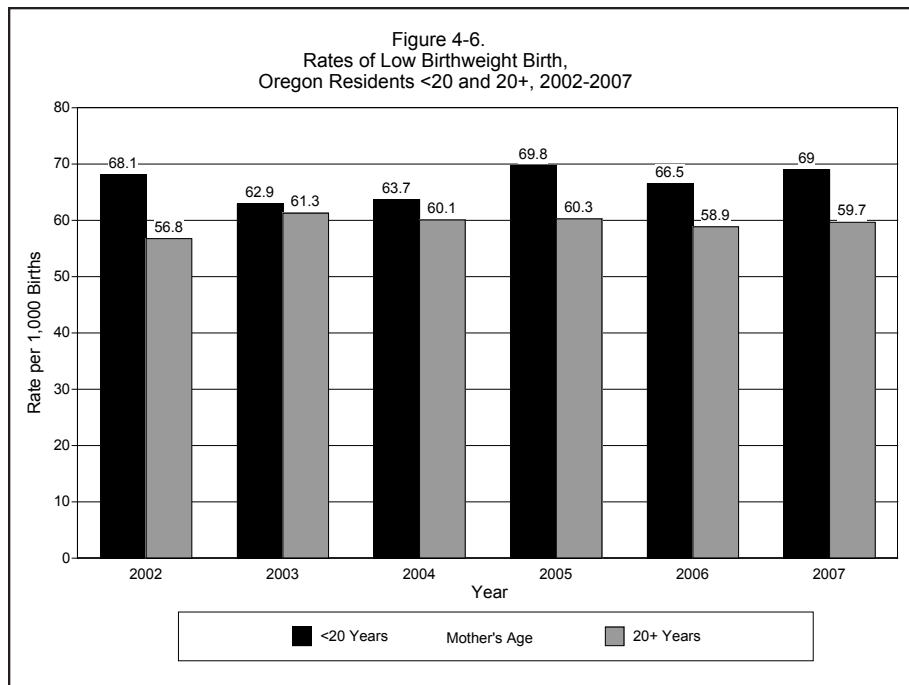
In Oregon, the birth rate among 15- to 19-year-olds (commonly used in historical and national comparisons) increased 0.2 percent in 2007 (35.1 vs. 34.9 per 1,000 females in 2006). (See Table 4-1.) The 2007 rate was 36.4 percent lower than the 1991 rate of 55.2 per 1,000, which is the highest rate recorded during the past quarter century. (See Figure 4-5.)

Oregon’s 2007 birth rate for 15- to 19-year-old teens was 16.2 percent below the 2006 national rate, the most recent U.S. data available, (35.1 vs. 41.9 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 50.1 in

Teen Birth Rates ¹			
Age	Oregon		U.S.
	2007	2006	2007
10-17	6.4	6.8	NA
10-14	0.4	0.4	0.6
15-17	16.6	17.7	22.2
18-19	63.1	60.6	73.9
15-19	35.1	34.9	42.5

¹All rates per 1,000 females.





2007, a 41.7 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.)

Level of infant health

Low birthweight

Whether reflecting premature delivery or small size for gestational age, the low birthweight 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.

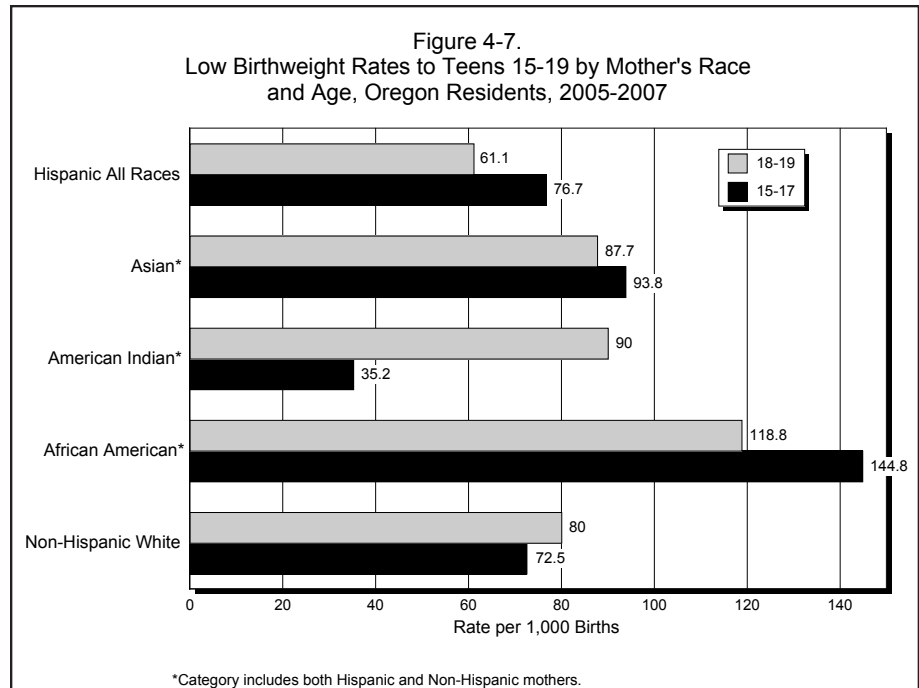
In 2007, the low birthweight rate for teen mothers ages 15-19 was 78.3 per 1,000 births (Table 4-4), a 15.1 percent increase from 2006. For 15- to 17-year-olds, the rate (79.8 per 1,000) increased by 10.7 percent. The teen rate for low birthweight remained higher than those for mothers age 20 and older (56.9 per 1,000). (See Table 2-29.) The difference in the low birthweight rates between the two groups has recently 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 2006, for example, 52 percent of unmarried Hispanics aged 15-17 started prenatal care during their first trimester, compared to 67.7 percent of married non-Hispanic whites aged 18-19. (See Table 4-4.)

Low Birthweight Rates ¹ by Race/Ethnicity and Age, 2007		
Race/Ethnicity	Age	
	15-17	18-19
Rates		
Non-Hispanic White	73.5	75.1
Hispanic (All Races)	84.2	67.2
Non-Hispanic, Non-white	100.0	139.4
Percent Change, 2007 vs. 2006		
Non-Hispanic White	4	9.6
Hispanic (All Races)	15.2	20.9
Non-Hispanic, Non-white	36.6	59.3

¹All rates per 1,000 births



Low birthweight rates among teen mothers by racial/ethnic grouping are displayed in the sidebar and in Table 4-4. Between 2006 and 2007, the rate of low birthweight for all race/ethnic and age groups increased. (See sidebar.)

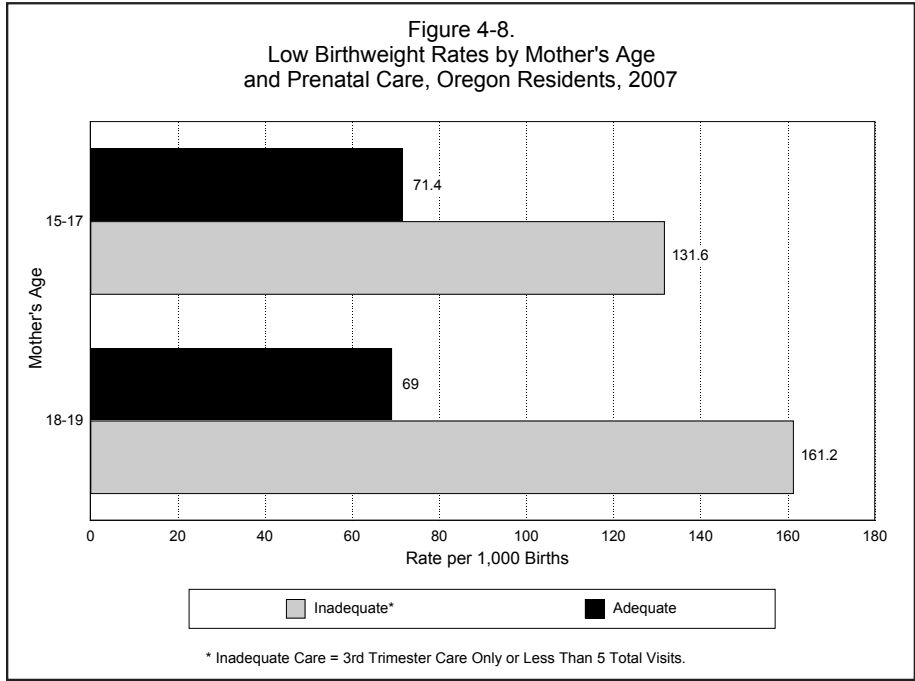
Oregon Benchmark: First Trimester Prenatal Care, 2007	
Year 2010 Goal: 90%	
All Women	78.4
All Teens	61.8
10-17 Years	54.8
18-19 Years	64.7
20+ Years	80.0

Prenatal care

Table 4-3 shows the association between inadequate prenatal care and frequency of low birthweight infants among teens who gave birth in 2007. Among mothers aged 15-19, those who received inadequate prenatal care were more likely to have low birthweight babies than those who had received adequate care (151.3 vs. 69.7 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 71.4 vs. 131.6; for mothers 18-19, they were 69 vs. 161.2.

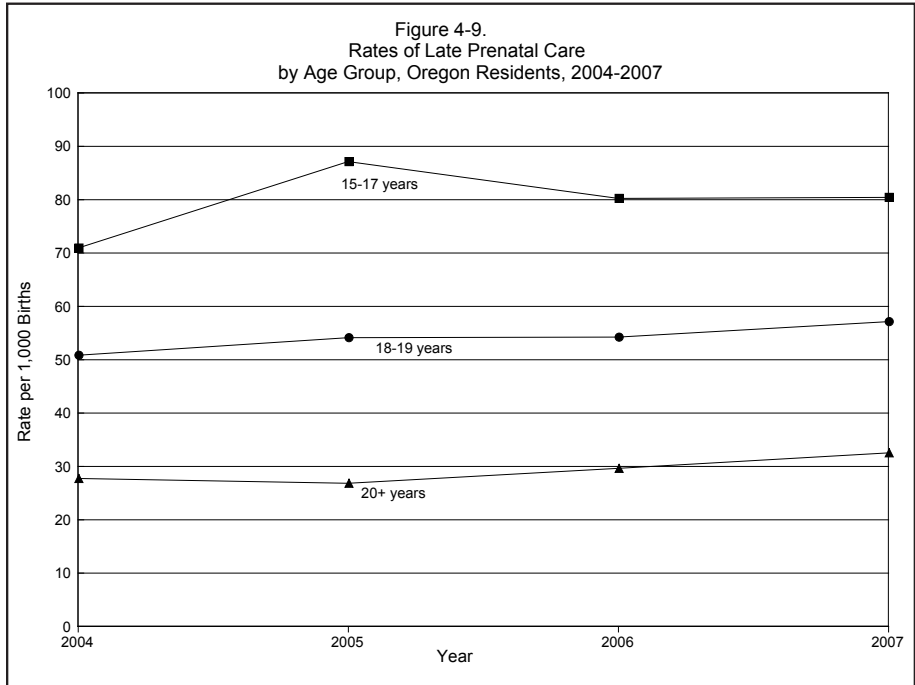
Early prenatal care

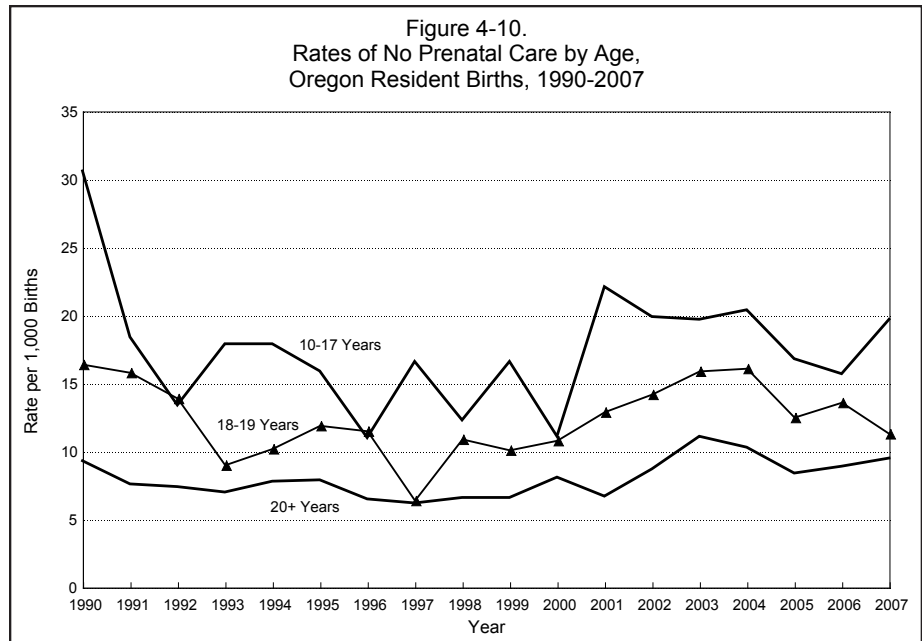
Prenatal care should begin within the first three months of pregnancy to allow early detection of complications and to ensure the health of both the mother and the infant. An Oregon Benchmark goal is that by the year 2010, 90 percent of pregnant women, regardless of age, will begin medical care during the first trimester of pregnancy. Teens are further from this goal than any other age group: in 2007, only 61.8 percent of teens giving birth started prenatal care during the first trimester compared to 80.8 percent for women age 20 and older (see sidebar). Only 54.8 percent of those under 18 received early prenatal care, a decrease from 55.4 percent in 2006. (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, 12.5 percent of 15- to 17-year-old teens and 9.9 percent of 18- to 19-year-old teens received inadequate prenatal care in 2007. This compares with 6 percent of women aged 20 or older who received inadequate care. (See Table 4-10.) The proportion of women under 20 who received inadequate prenatal care increased by 0.9 percent in 2007, from 10.8 percent in 2006 to 10.9 percent.





Late care and no prenatal care

The proportion of teens aged 15-17 who began prenatal care during the third trimester increased 0.2 percent to 80.4 per 1,000 live births in 2007. (See Figure 4-9.) Teens under 18 years of age are more likely than older women to go through pregnancy without a single visit to a medical provider; in 2007, the rate of no prenatal care among teens under 18 was 19.7 per 1,000 live births, two times the rate of women age 20 and older (9.5 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 2007 low Apgar rate for newborns of mothers aged 10-19 was 25.9 per 1,000 births (Table 4-9), a 19.9 percent increase from 2006 (21.6 per 1,000). The low Apgar rate for infants born to women under 20 was 35.5 percent higher than the rate for infants born to women 20 years or older (16.7 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 aged 15 to 19 were almost twice as likely to report smoking during pregnancy than were women aged 20 and older (19.7 percent vs. 11.0 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 (95.0 vs. 54.3 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, previous page). Tobacco use remains one of the most important preventable causes of low birthweight infants for teen mothers.

	<20	20+
Nonsmokers	73.1	54.3
Smokers	104.1	95.0

¹ All Rates per 1,000 births

Alcohol

Reported alcohol use by teens aged 15 to 19 during pregnancy decreased from 14.6 per 1,000 live births in 2006 to 10.9 in 2007, a decrease of 25.3 percent. Teens aged 15 to 19 were equally likely to report the use of alcohol during pregnancy as women age 20 and older (10.9 per 1,000 births). (See Table 4-9.) Alcohol use for women age 20 and older decreased 19.9 percent, from 13.6 per 1,000 live births in 2006 to 10.9 in 2007.

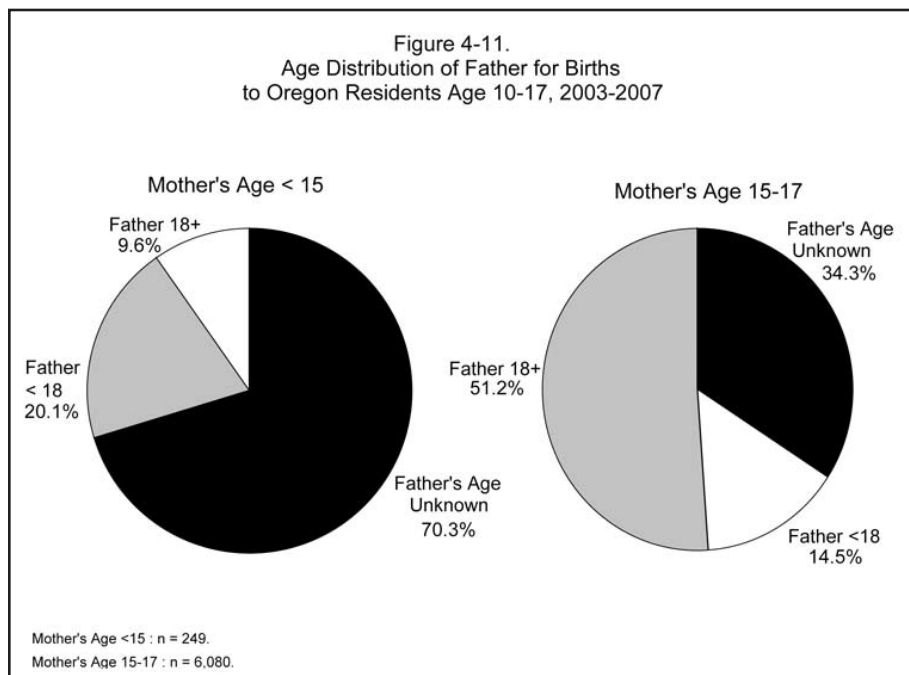
Source of payment

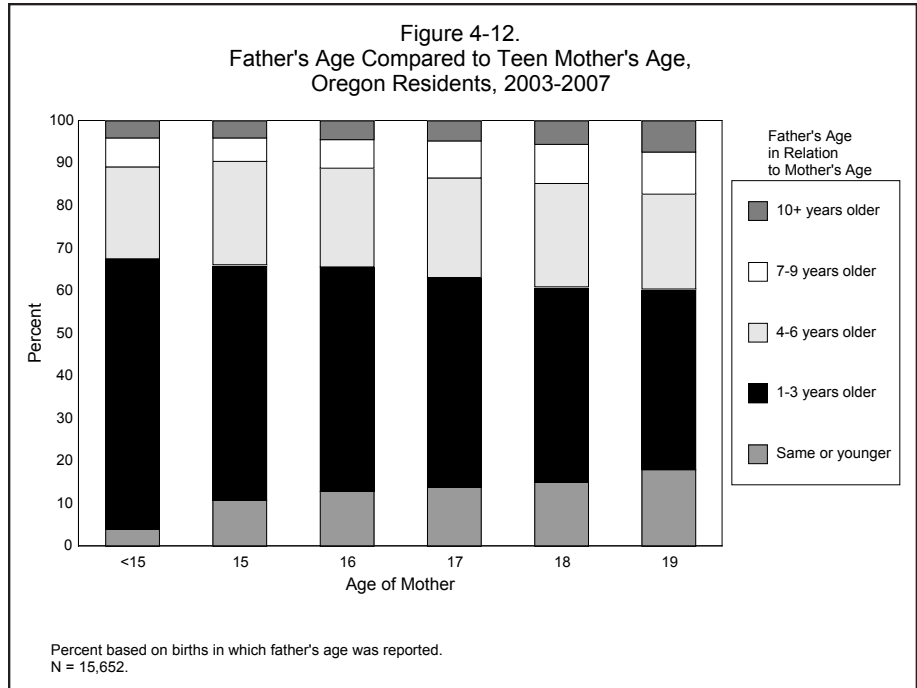
Costs associated with births to teen mothers were more than twice as likely to be paid with public funds as births to older women. In 2007 Medicaid paid for 74 percent of births to teens (under 20) and 37 percent of births to women age 20 and older where payor source was reported. (See Table 4-10.)

Medicaid paid for 74.0 percent of births to teens.

Age of father

During 2003-2007, 35.7 percent of birth records for babies born to teens aged 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 (70.3 percent)





of the birth records where the mother was under 15 did not list father's age. Where the father's age was reported for teen mothers under age 15, 20.1 percent were younger than age 18 and 9.6 percent were age 18 or older. Birth records for mothers ages 15 to 17 report father's age for 65.7 percent of the births. Where the father's age was reported, 14.5 percent of fathers were under age 18 and 51.2 percent were age 18 or older.

For all teens, including the youngest mothers (less than 15 years), the father was more than six years older than the mother in 15.2 percent of the births for the 2003–2007 period where the father's age was reported. This difference in ages ranged from a low of 9.5 percent of births to 15-year-old mothers to a high of 17.2 percent for 19-year-old mothers. (See Figure 4-12.)

Endnote

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