Introduction

In 2014, 3,253 pregnancies occurred among Oregon females under the age of 20. Forty pregnancies occurred among females under age 15. Twenty girls aged 10–14 gave birth during 2014, five more than the previous year (see Table 4-2). The youngest female to give birth was 13 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. 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, females that obtain an out-of-state abortion are not always included in this count (see Appendix B).

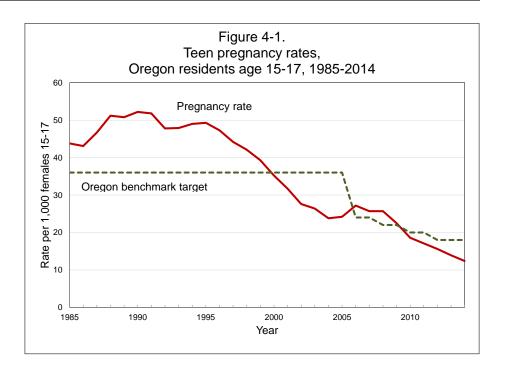
Oregon females, aged 15-17

Efforts to prevent teen pregnancies focus primarily on females aged 15–17. During 2014, 889 pregnancies were recorded for Oregon females aged 15–17, 113 fewer than in 2013. The statewide pregnancy rate among women aged 15–17 decreased 10.8%, from 13.9 in 2013 to a current low of 12.4 (see Table 4-1). Historically, the teen pregnancy rate has trended downward and the 2014 rate is 64.8% 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 2014 rate for teens 15–17 was 31.1% below the Oregon Benchmark goal for the year 2015 of 18 pregnancies per 1,000 females (see sidebar Table 4-A).

Pregnancy rates for Oregonians ages 15 to 17 decreased by 10.8% from 2013

Table 4-A. Oregon benchmark teen pregnancy rates 15-17			
Year 2015 Goal: 18.0			
Year	Rate		
1980	59.3		
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		
Pregnancy rate per 1,000 Oregon			

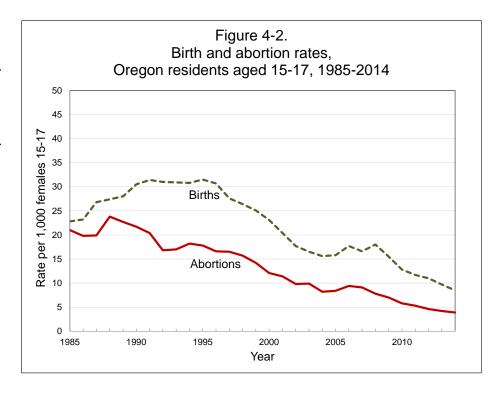
resident females ages 15-17.



Births to teens 15-17

Of pregnancies to teens age 15-17, 68.7% resulted in live births, compared to 46.2% in 1980 (see Table 4-1). There were 611 births to Oregon teens aged 15–17 in 2014. It was the mother's first child in 93.3% of these births (see Table 4-9). The birth rate for females aged 15–17 was 8.5 per 1,000 females, a decrease of 12.4% from the previous year. Among those that took their pregnancies to term, 94.6% were unmarried at the time of birth (see Table 4-10).

Abortion rates for teens age 15 to 17 decreased 7.1% from 2013

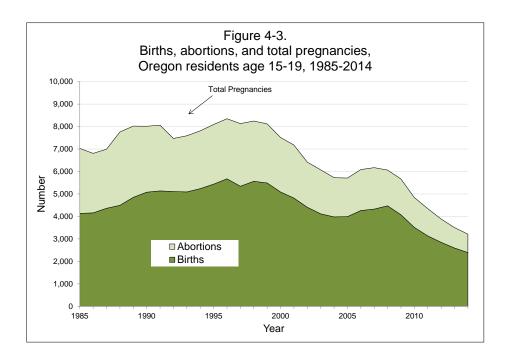


Abortion rates among teens 15-17

Abortion rates among teens decreased 7.1% from 2013. For females aged 15–17, the abortion rate was historically low in 2014 at 3.9 per 1,000 (see Table 4-1, Figure 4-2). There were 278 abortions among Oregon females aged 15–17 reported during 2014, 25 fewer abortions than in 2013. Since the record high abortion rate recorded in 1980, the rate for females aged 15–17 has decreased by more than 87.8% (from 31.9 to 3.9 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. Among teens under 15, 50.0% of the pregnancies resulted in a live birth in 2014 (see Table 4-2, Figure 4-4).

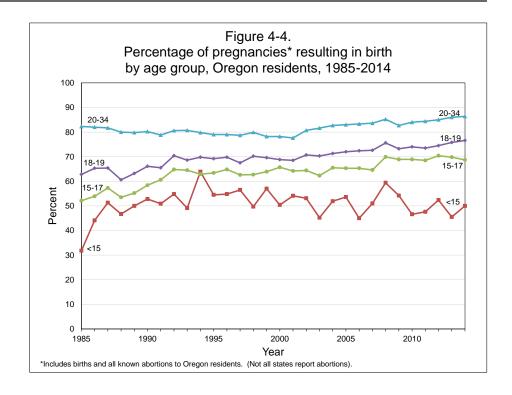
Birth rates for teens age 18 to 19 decreased by 6.2% from 2013



Oregon females, aged 18–19

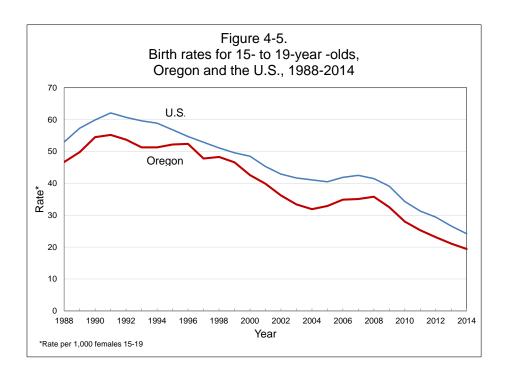
In 2014, the pregnancy rate for Oregonians aged 18–19 was 45.4 per 1,000 females, a 7.3% decrease from 2013. Comparisons with the 2013 figures show a decrease in the birth rate (6.2%) and the abortion rate (10.9%) among women aged 18–19 (see Table 4-1).

Of the 2,324 pregnancies among women aged 18–19, 76.6% (1,781) resulted in a live birth (see Figure 4-4). It was the first child for 83.4% 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 8.1% in 2014 (19.4 vs. 21.1 per 1,000 females in 2013; see Table 4-1). The 2014 rate was 64.9% 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).



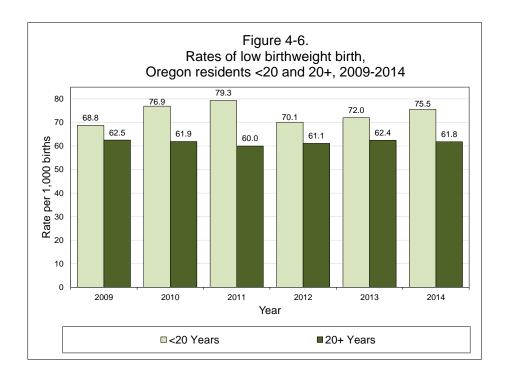
Oregon's 2014 birth rate for 15–19-year-old teens was 19.8% below the national rate. (19.4 vs. 24.2 per 1,000 females; see sidebar Table 4-B). Oregon's lower teen birth rate continued to decrease at the same time the state became more diverse. Historically, African American and Hispanic populations have 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 (which includes African Americans) 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 26.1 in 2014, a 69.7% decrease (see Table 4-1; for further discussion of Oregon's demographic characteristics and teen pregnancy rates, see Appendix B: "Methodology").

Table 4-B. Teen birth rates ¹				
Age	Oregon		U.S.	
Age	2014	2013	2014	
15-17	8.5	9.7	10.9	
18-19	34.8	37.1	43.8	
15-19	19.4	21.1	24.2	
¹ 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 2014, the low birthweight rate for teen mothers aged 15–19 was 74.4 per 1,000 births (see Table 4-7), a 2.8% increase from 2013. For 15–17-year-olds, the rate (88.4 per 1,000) increased by 37.2%. The teen rate for low birthweight remained higher than for mothers aged 20 and older (61.8 per 1,000; see Table 2-27). The difference in the low birthweight rates between teen and older mothers continued to increase slightly in 2014 (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 2014, for example, 51.8% of unmarried Hispanics aged 15–17 started prenatal care during their first trimester, compared to 72.7% of married non-Hispanic White women aged 18–19 (see Table 4-7).

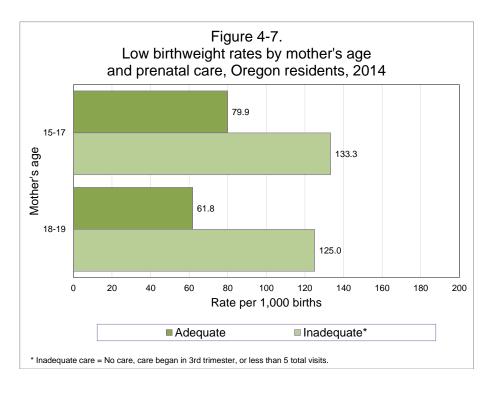
Low birthweight rates among teen mothers by racial/ethnic grouping are displayed in Table 4-7. Between 2013 and 2014, the rate of low birthweight infants for Hispanic teens aged 15–17 increased by 63.4%. The low birthweight rate for Hispanic teens aged 18–19 during this same period increased by 34.0%. Among non-Hispanic, non-White groups, the low birthweight rate for teens aged 15–17 decreased by 55.4%, while the rate for 18–19-year-olds increased by 10.2%.

Prenatal care

Table 4-6 shows the association between inadequate prenatal care and frequency of low birthweight infants for teens that gave birth in 2014. Among mothers aged 15–19, those that received inadequate prenatal care had a greater number of low birthweight babies than those that had received adequate care (127.8 vs. 66.3 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 79.9 vs. 133.3; for mothers 18–19, the rates were 61.8 vs. 125.0.

• 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 2014, only 64.2% of teen mothers started prenatal care during the first trimester, compared to 78.2% for women aged 20 and older (see sidebar Table 4-C). Only 56.7% of those 15–17 received first trimester prenatal care, a decrease from 57.9% in 2013 (see Table 4-10).

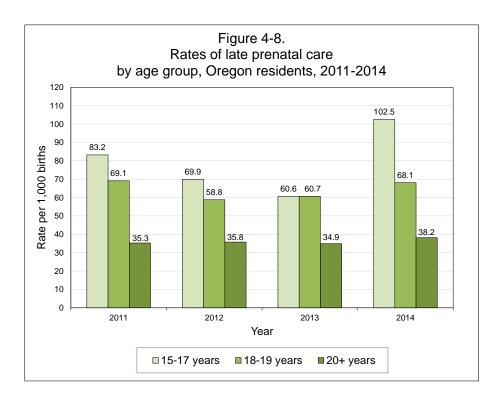
• Inadequate prenatal care

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, 14.9% of 15–17-year-old teens and 10.1% of 18–19-year-old teens received inadequate prenatal care in 2014. This compares with 5.7% of women aged 20 or older that received inadequate care (see Table 4-10). The proportion of women under age 20 that received inadequate prenatal care increased by 25.3% in 2014, to 11.5% from 9.2% in 2013.

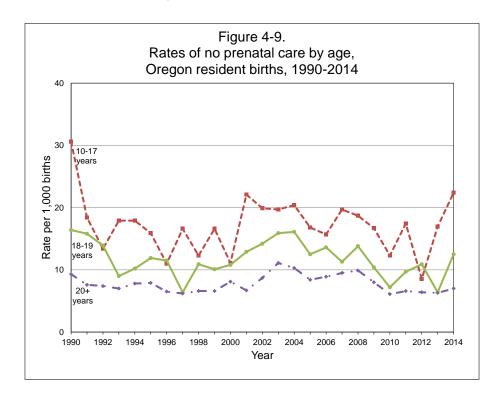
• Late care or no prenatal care

From 2013 to 2014, the proportion of teens aged 15–17 that began prenatal care during the third trimester

Table 4-C. Oregon benchmark: first trimester prenatal care, 2014				
Year 2015 goal: 90%				
All Women	77.5			
All Teens	64.2			
15-17 Years	56.7			
18-19 Years	67.1			
20+ Years	78.2			



increased 69.1% to 102.5 per 1,000 live births (see Figure 4-8). In 2014, a higher percentage of teens under age 18 went through pregnancy without a single visit to a medical provider than did women 20 and older. The rate of no prenatal care among teens 15–17 is 23.1 per 1,000 live births, more than three times the rate of women aged 20 and older (7.0 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 2014, the low five-minute Apgar rate for newborns of mothers aged 15–17 was 45.9 per 1,000 births (Table 4-9), a 77.9% increase from 2013 (25.8 per 1,000). The low five-minute Apgar rate for infants born to women under age 20 was 63.3% higher than the rate for infants born to women 20 years or older (41.2 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 2014 was just over 1.5 times higher than the percentage reported by women aged 20 and older (16.7% vs. 10.0%; see Table 4-9). Women that smoked during pregnancy had a higher number of low birthweight babies than nonsmokers. Mothers aged 20 or older show the greatest difference between low birthweight rates by tobacco use (109.2 vs. 56.3 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 (3.0 per 1,000 births vs. 12.0 per 1,000 births).

Table 4-D. Low birthweight rates ¹ by mother's age and smoking status, Oregon, 2014				
	<20	20+		
Nonsmokers	71.0	56.3		
Smokers	99.3	109.2		
¹ All Rates per 1,000 births				

Source of payment

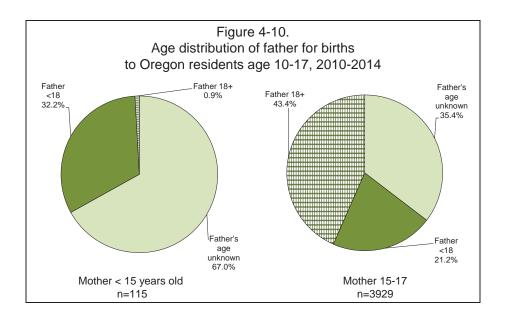
The percentage of teen mothers that used public funds to pay the costs associated with birth was nearly twice that of older mothers. In 2014, Medicaid/Oregon Health Plan paid for 76.2% of births to teens aged 15–19 and 43.0% of births to women aged 20 and older where source of payment was reported (see Table 4-10).

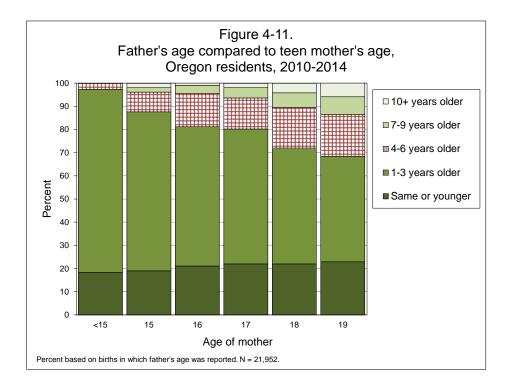
Medicaid/OHP paid for 76.2 percent of births to teens in 2014

Age of father

Between 2010 and 2014, 35.4% 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). Almost two-thirds (67.0%) of the birth records where 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, 97.4% were younger than age 18 and 2.6% were aged 18 or older. Birth records for mothers aged 15–17 report father's age for 64.6% of births. Where the father's age was reported, 32.8% of fathers were under age 18 and 67.2% 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 10.8% of the births for the 2010–2014 period 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: preliminary data for 2014. National Vital Statistics Reports. 2015 June 17; 64(6).
- 2. U.S. Census Bureau. 2000 census of population and housing, summary population and housing characteristics PHC-1-39, Oregon. 2002 June [cited 2015 July 28]. Available from: www.census.gov/prod/cen2000/phc-1-39.pdf.
- 3. U.S. Census Bureau. Census. 2010 census of population and housing, summary population and housing characteristics, CPH-1-39, Oregon. 2012 June (cited 2015 July 28]. Available from: https://www.census.gov/prod/cen2010/cph-1-39.pdf.