
SECTION 4: TEEN PREGNANCY

Teen pregnancy

Introduction

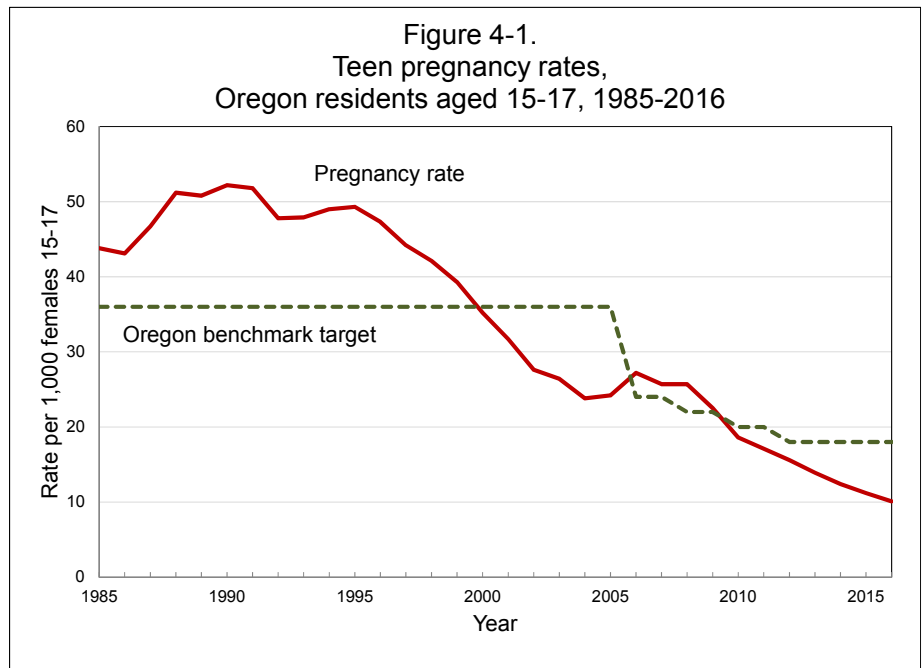
In 2016, 2,840 pregnancies occurred among Oregon females under the age of 20. Twenty-five pregnancies occurred among females under age 15. Ten girls aged 10–14 gave birth during 2016, five fewer than in the previous year (see Table 4-2). The youngest female to give birth was 13, and the youngest to obtain 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, persons who obtain an abortion out of state 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 2016, 726 pregnancies were recorded for Oregon females aged 15–17, 78 fewer than in 2015. The statewide pregnancy rate among women aged 15–17 decreased 9.8%, from 11.2 in 2015 to a current low of 10.1 (see Table 4-1). Historically, the teen pregnancy rate has trended downward, and the 2016 rate is 71.3% lower than it was in 2000 (see Figure 4-1). Pregnancy rates for teens aged 15–17 varied by county. Four counties had rates significantly different than the state rate (see Table 4-3).

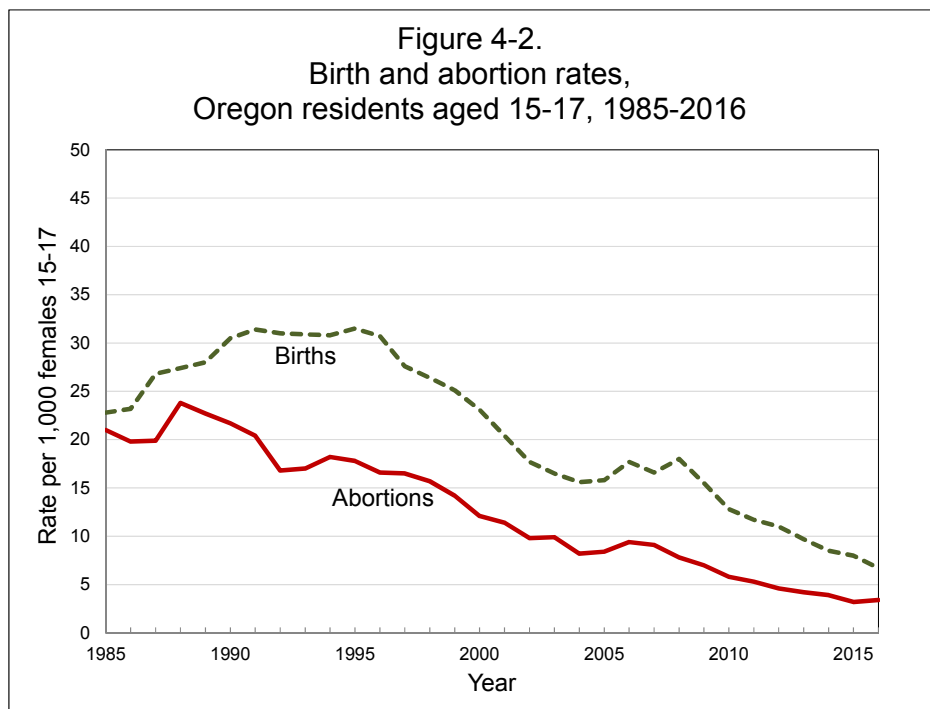
Pregnancy rates for Oregonians ages 15 to 17 decreased by 9.8% from 2015.



Births to teens, aged 15–17

Of pregnancies to teens aged 15–17, 66.3% resulted in a live birth, compared to 46.2% in 1980 (see Table 4-1). There were 481 births to Oregon teens aged 15–17 in 2016. It was the mother’s first child in 94.2% of these births (see Table 4-9). The birth rate for females aged 15–17 was 6.7 per 1,000 females, a decrease of 16.3% from the previous year. Among those who took their pregnancies to term, 94.4% were unmarried at the time of birth (see Table 4-10).

Abortion rates for teens aged 15 to 17 decreased 5.9% from 2015.

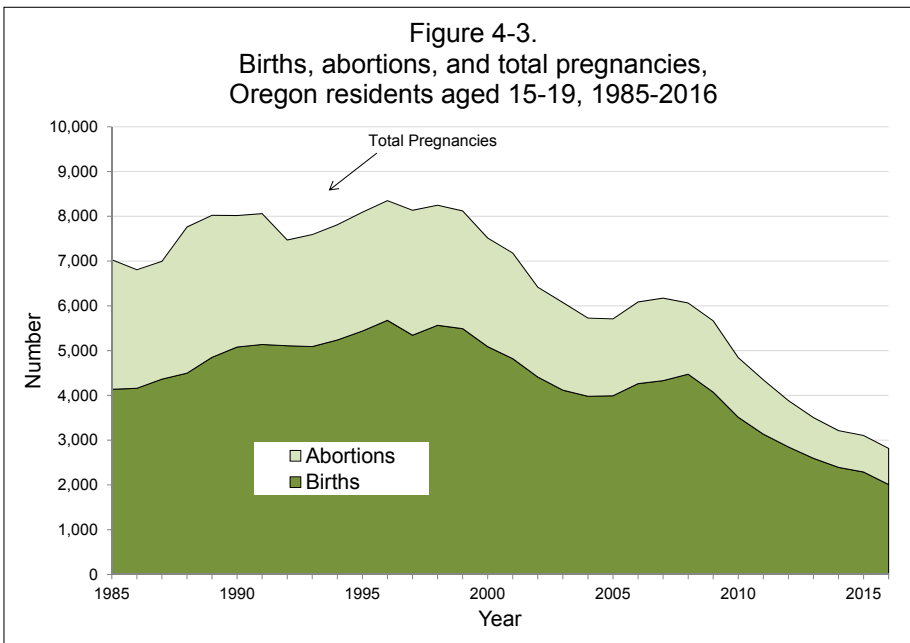


Abortion rates among teens, aged 15–17

Abortion rates among teens increased 6.2% from 2015. For females aged 15–17, the abortion rate increased slightly to 3.4 per 1,000 from the historic low in 2015 of 3.2 (see Table 4-1, Figure 4-2). There were 245 abortions among Oregon females aged 15–17 reported during 2016, 18 more than in 2015. Since the record high abortion rate in 1980, the rate for females aged 15–17 has decreased by 89.3% (from 31.9 to 3.4 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, 40.0% of the pregnancies resulted in a live birth in 2016 (see Table 4-2, Figure 4-4).

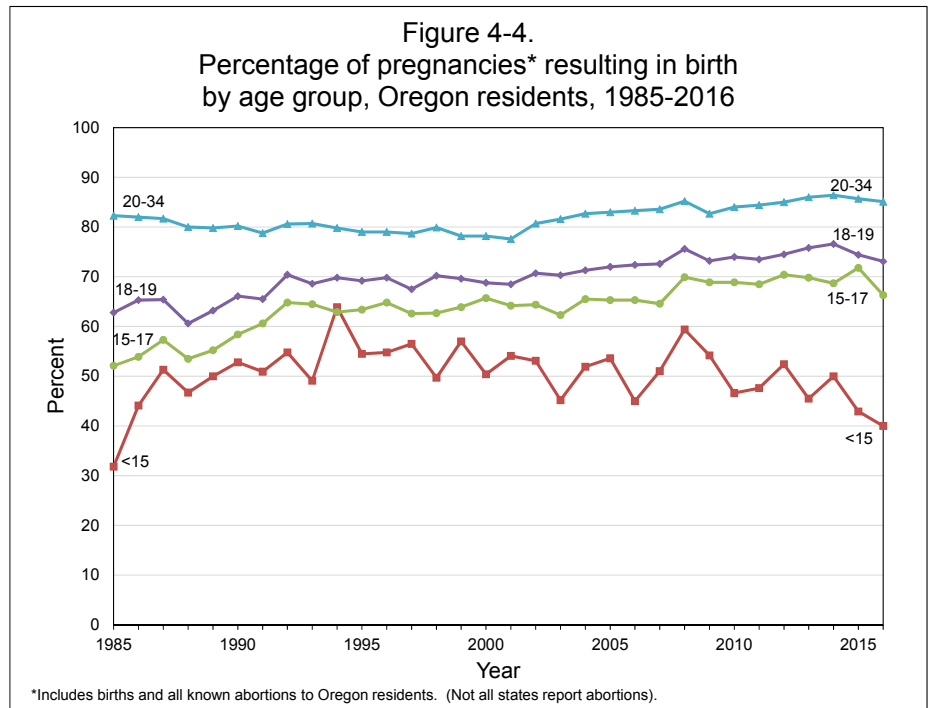
Birth rates for teens aged 18 to 19 decreased by 11.7% from 2015.



Oregon females, aged 18–19

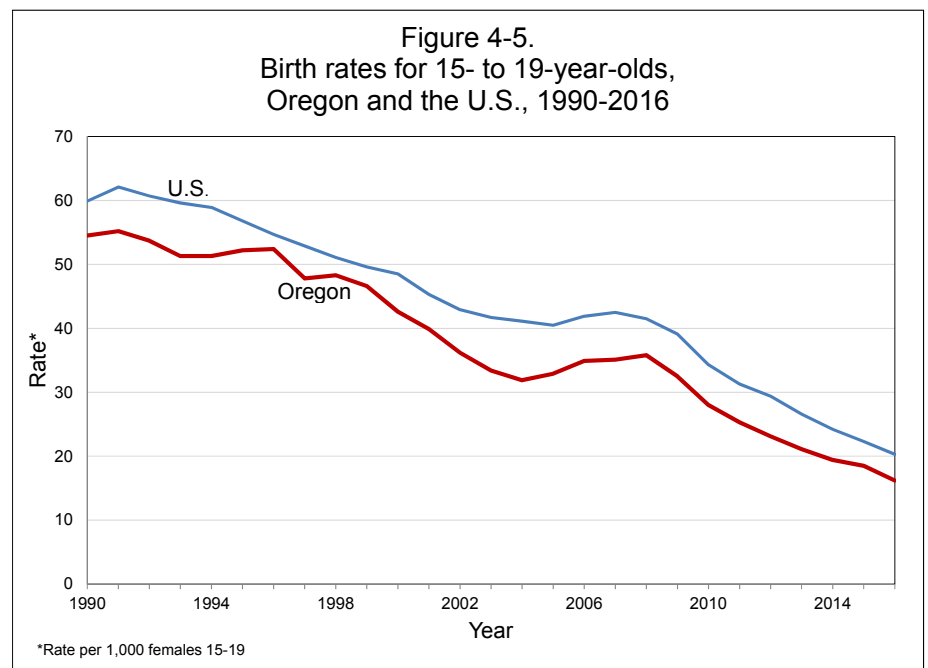
In 2016, the pregnancy rate for Oregonians aged 18–19 was 40.0 per 1,000 females, a 10.1% decrease from 2015. Comparisons with the 2015 figures show a decrease in the birth rate (11.7%) and a decrease in the abortion rate (5.3%) among women aged 18–19 (see Table 4-1).

Of the 2,089 pregnancies among women aged 18–19, 73.1% (1,527) resulted in a live birth (see Figure 4-4). It was the first child for 83.8% 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 12.4% in 2016 (16.2 vs. 18.5 per 1,000 females in 2015; see Table 4-1). The 2016 rate was 70.7% 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 2016 birth rate for 15–19-year-old teens was 20.2% below the national rate (1) (16.2 vs. 20.3 per 1,000 females; see sidebar Table 4-A). 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 22.7 in 2016, a 73.6% decrease (see Table 4-1). For further discussion of Oregon’s demographic characteristics and teen pregnancy rates, see Appendix B: “Methodology.”

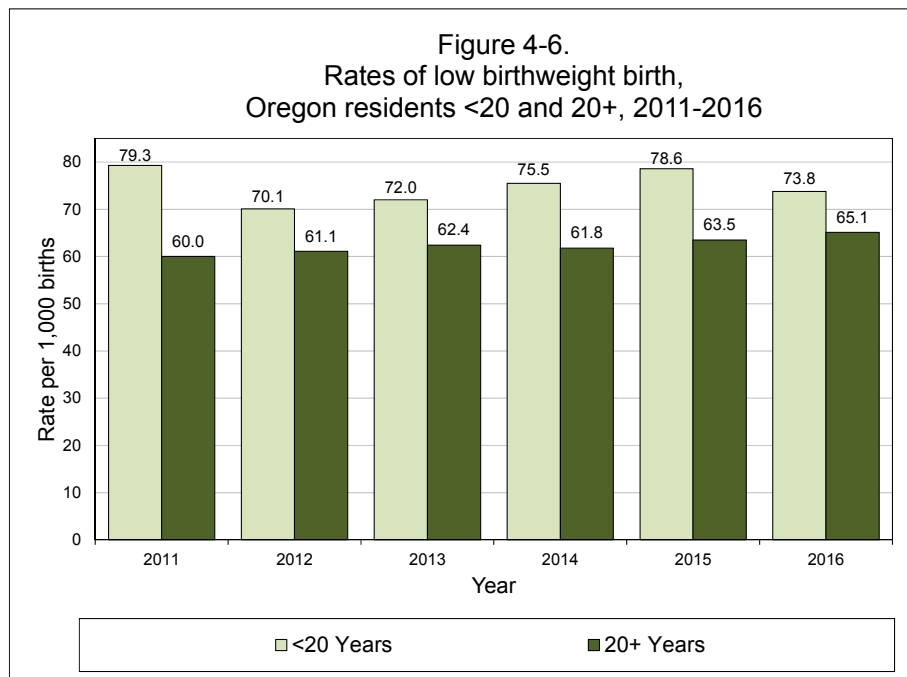
Age	Oregon		U.S.
	2016	2015	2016
15-17	6.7	8.0	8.8
18-19	29.3	33.2	37.5
15-19	16.2	18.5	20.3

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 (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 2016, the low birthweight rate for teen mothers aged 15–19 was 74.2 per 1,000 births (see Table 4-7), a 6.2% decrease from 2015. For 15–17-year-olds, the rate (89.4 per 1,000) increased by 7.4%. The teen rate for low birthweight remained higher than for mothers aged 20 and older (65.1 per 1,000; see Table 2-27). The difference in the low birthweight rates between teen and older mothers decreased slightly in 2016 (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 2016, for example, 56.1% of unmarried Hispanics aged 15–17 started prenatal care during their first trimester, compared to 67.8% of married non-Hispanic White women aged 18–19 (see Table 4-7).

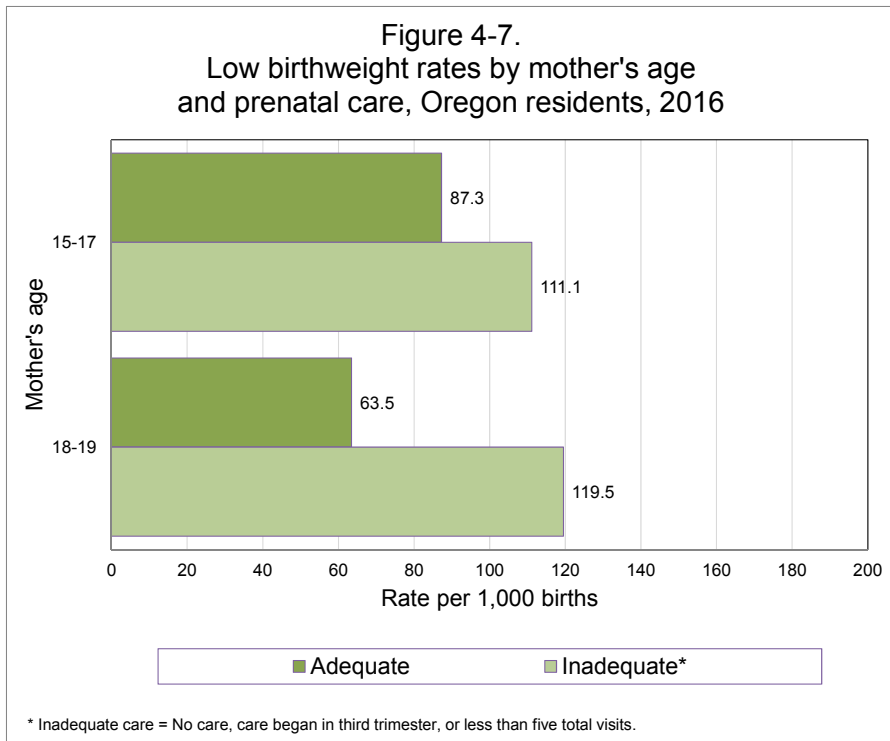
Low birthweight rates among teen mothers by racial/ethnic grouping are displayed in Table 4-7. Between 2015 and 2016, the rate of low birthweight infants for Hispanic teens aged 15–17 increased by 13.9%. The low birthweight rate for Hispanic teens aged 18–19 during this same period decreased by 1.4%. Among non-Hispanic non-White groups, the low birthweight rate for teens aged 15–17 decreased by 70.6%, while the rate for 18–19-year-olds decreased by 0.2 %.

Prenatal care

Table 4-6 shows the association between inadequate prenatal care and frequency of low birthweight infants for teens who gave birth in 2016. 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 (116.9 vs. 69.0 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 111.1 vs. 87.3; for mothers 18–19, the rates were 119.5 vs. 63.5.

- **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.



In 2016, 65.2% of teen mothers started prenatal care during the first trimester, compared to 80.4% for women aged 20 and older (see sidebar Table 4-B). Only 59.2% of those 15–17 received first trimester prenatal care, an increase from 57.6% in 2015 (see Table 4-10).

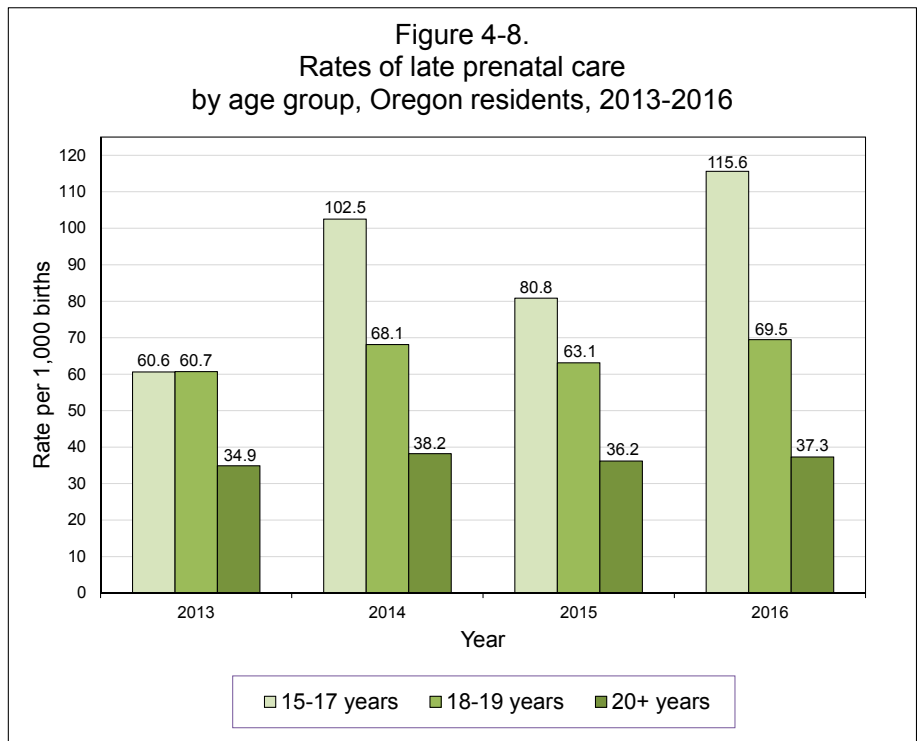
• Inadequate prenatal care

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, 15.2% of 15–17-year-old teens and 10.6% of 18–19-year-old teens received inadequate prenatal care in 2016. This compares with 5.8% 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 21.6% in 2016, to 11.9% from 9.8% in 2015.

• Late care or no prenatal care

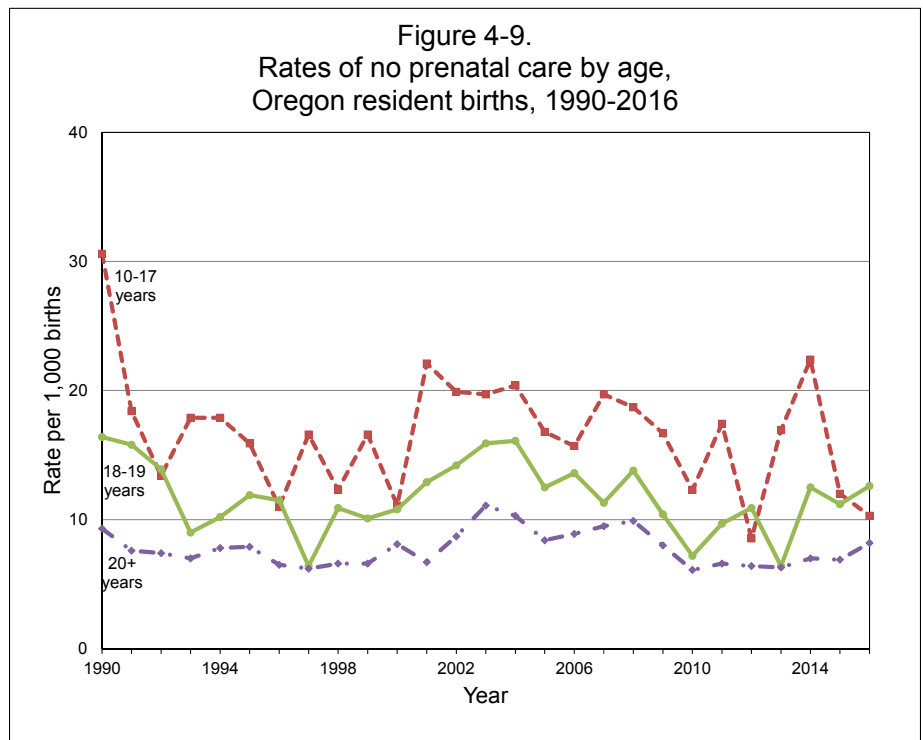
From 2015 to 2016, the proportion of teens aged 15–17 that began prenatal care during the third trimester increased 43.0% to 115.5 per 1,000 live births (see Figure 4-8). In 2016, a higher percentage of teens under age 18 went through pregnancy without a single visit to a medical provider than did women 20 and older. The rate of no prenatal care among teens 15–17 is 10.5 per

All Women	79.7
All Teens	65.2
15-17 Years	59.2
18-19 Years	67.4
20+ Years	80.4



1,000 live births, just under 1.3 times the rate of women aged 20 and older (8.2 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 under 7 is considered low and indicates an infant at greater than normal risk for morbidity and mortality. In 2016, the rate of low five-minute Apgar scores for newborns of mothers aged 15–17 was 43.8 per 1,000 births (Table 4-9), an 80.4% increase from 2015 (24.3 per 1,000). The low five-minute Apgar rate for infants born to women under age 20 was 40.1% higher than the rate for infants born to women 20 years or older (37.7 compared to 26.9 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 age limits placed by Oregon law on the purchase or possession of these substances.

Tobacco

The percentage of teens aged 15–19 that reported smoking during pregnancy in 2016 was just over 1.5 times higher than the percentage reported by women aged 20 and older (14.9% vs. 9.3%; see Table 4-9). Women who smoked during pregnancy had a higher number of low birthweight babies than nonsmokers. Mothers aged 20 or older showed the greatest difference between low birthweight rates by tobacco use (100.6 vs. 61.3 per 1,000 live births). This is partly because the low birthweight rate for teen mothers was higher than for women aged 20 and older (see sidebar Table 4-C). 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 did women aged 20 and older (3.1 per 1,000 births vs. 9.7 per 1,000 births).

Source of payment

	<20	20+
Nonsmokers	71.1	61.3
Smokers	90.0	100.6

¹ All Rates per 1,000 births

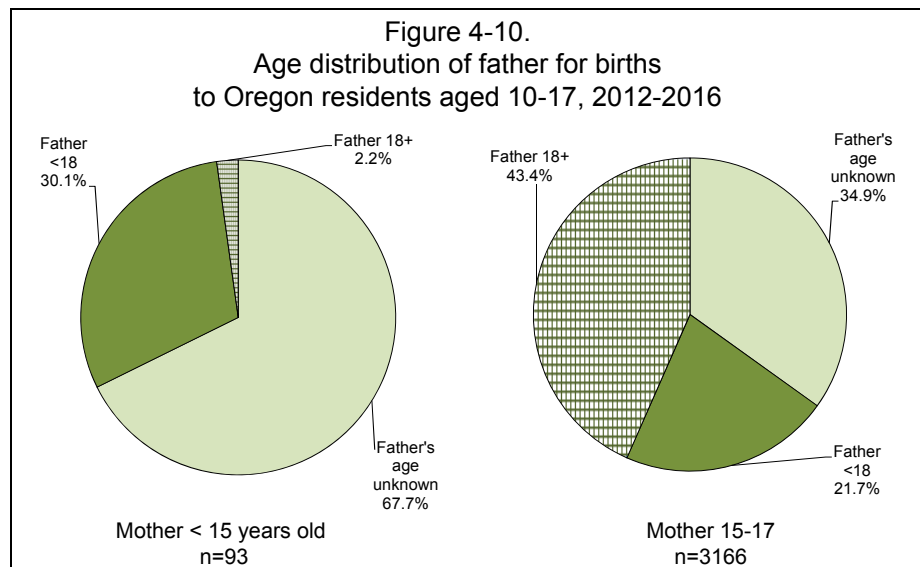
Medicaid/OHP paid for 78.0 percent of births to teens in 2016.

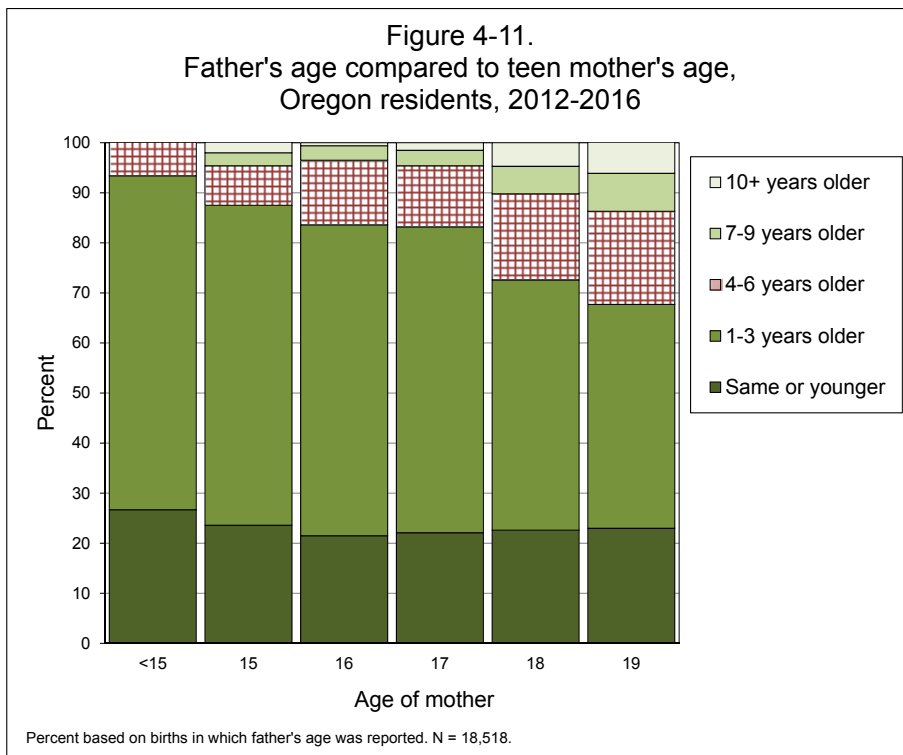
The source of payment is reported as the expected primary payment source at the time of labor and delivery. The percentage of teen mothers that reported the use of public funds to pay the costs associated with birth was nearly twice that of older mothers. In 2016, birth certificate data reported that Medicaid/Oregon Health Plan paid for 77.8% of births to teens aged 15–19 and 42.8% of births to women aged 20 and older where source of payment was reported (see Table 4-10).

Age of father

Between 2012 and 2016, 34.9% of birth records for babies born to teens aged 15–17 did not indicate the father’s age, or the father was not identified on the birth certificate (see Figure 4-10, Table 4-13). Just over two-thirds (67.7%) 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, 93.3% were younger than age 18, and 6.7% were aged 18 or older. Birth records for mothers aged 15–17 reported the father’s age for 65.1% of births. Where the father’s age was reported, 33.4% of fathers were under age 18, and 66.6% were aged 18 or older.

For all teens giving birth in Oregon during 2012–2016 where the father’s age was reported including those less than 15 years of age, 10.6% of the fathers were more than six years older than the mother. 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 13.8% for 19-year-old teens (see Figure 4-11).

Endnotes

1. Centers for Disease Control and Prevention (CDC). Births: Provisional data for 2016. National Vital Statistics Rapid Release. June 2017; No.002.
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.