
SECTION 4: TEEN PREGNANCY

Teen pregnancy

Introduction

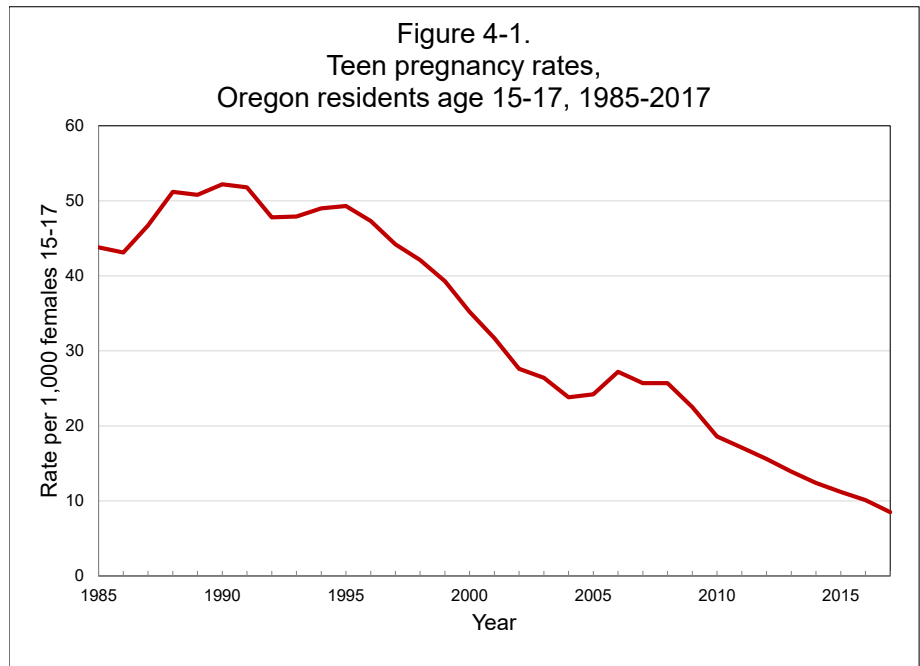
In 2017, 2,624 pregnancies occurred among Oregon females under the age of 20 years. Twenty-nine pregnancies occurred among females under age 15 years. Thirteen girls in the 10–14 age category gave birth during 2017, three more than in the previous year (see Table 4-2). The youngest female to give birth was 13 years old, and the youngest to obtain an abortion was 13 years old.

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 ages 15–17 and females ages 18–19 years. These two groups are compared to each other and to women age 20 years 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, ages 15–17

Efforts to prevent teen pregnancies focus primarily on females ages 15–17 years. During 2017, 639 pregnancies were recorded for Oregon females ages 15–17 years, 87 fewer than in 2016. The statewide pregnancy rate among women ages 15–17 years decreased 15.8%, from 10.1 in 2016 to a current low of 8.5 (see Table 4-1). The teen pregnancy rate has trended downward since the 1990s, and the 2017 rate is 75.9% lower than it was in 2000 (see Figure 4-1). Pregnancy rates for teens ages 15–17 years varied by county. Six counties had rates significantly different than the state rate (see Table 4-3).

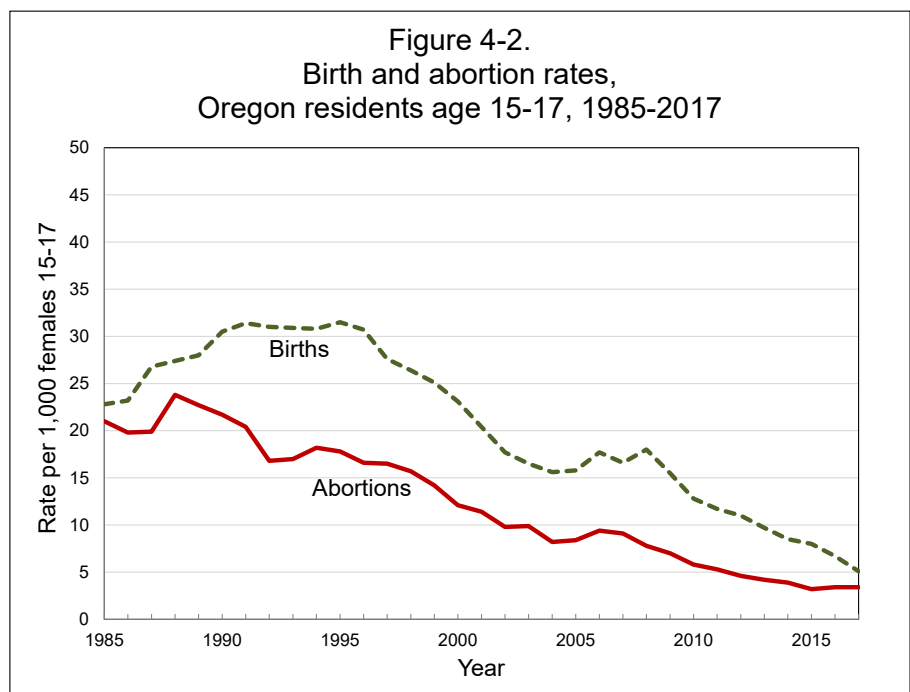
Pregnancy rates for Oregonians ages 15 to 17 decreased by 15.8% from 2016.



Births to teens, ages 15–17

Of pregnancies to teens 15–17 years, 59.6% resulted in a live birth, compared to 46.2% in 1980 (see Table 4-1). There were 381 births to Oregon teens ages 15–17 years in 2017. It was the mother’s first child in 94.8% of these births (see Table 4-9). The birth rate for females ages 15–17 years was 5.1 per 1,000 females, a decrease of 23.9% from the previous year. Among those who took their pregnancies to term, 97.6% were unmarried at the time of birth (see Table 4-10).

Abortion rate for teens age 15 to 17 is unchanged from 2016.

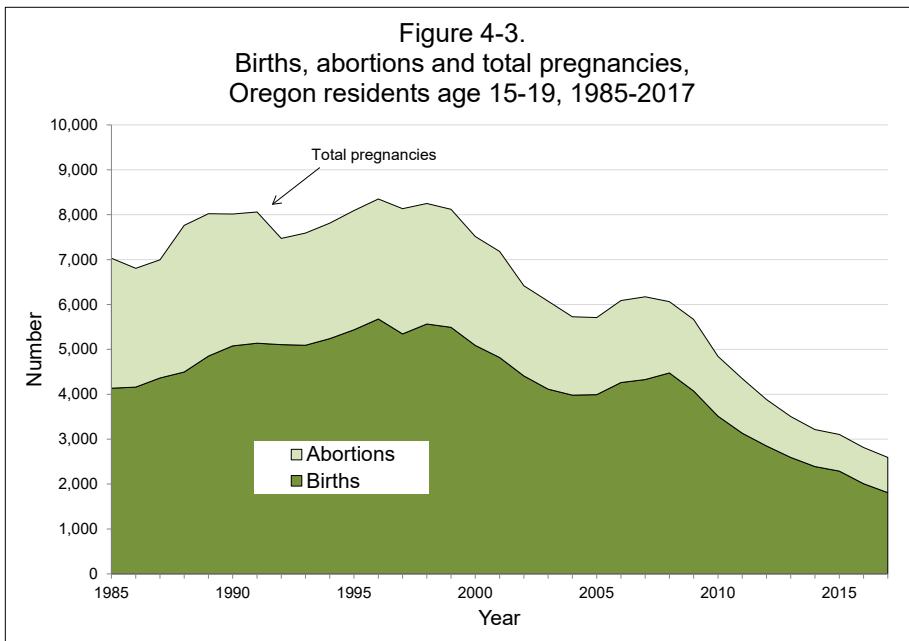


Abortion rates among teens, ages 15–17

Abortion rates among teens ages 15–17 years remained static at 3.4% from 2016. This is a slight increase from the historic low in 2015 of 3.2 (see Table 4-1, Figure 4-2). There were 258 abortions among Oregon females ages 15–17 years reported during 2017, 13 more than in 2016. Since the record high abortion rate in 1980, the rate for females ages 15–17 years 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. Among teens under 15, 44.8% of pregnancies resulted in a live birth in 2017 (see Table 4-2, Figure 4-4).

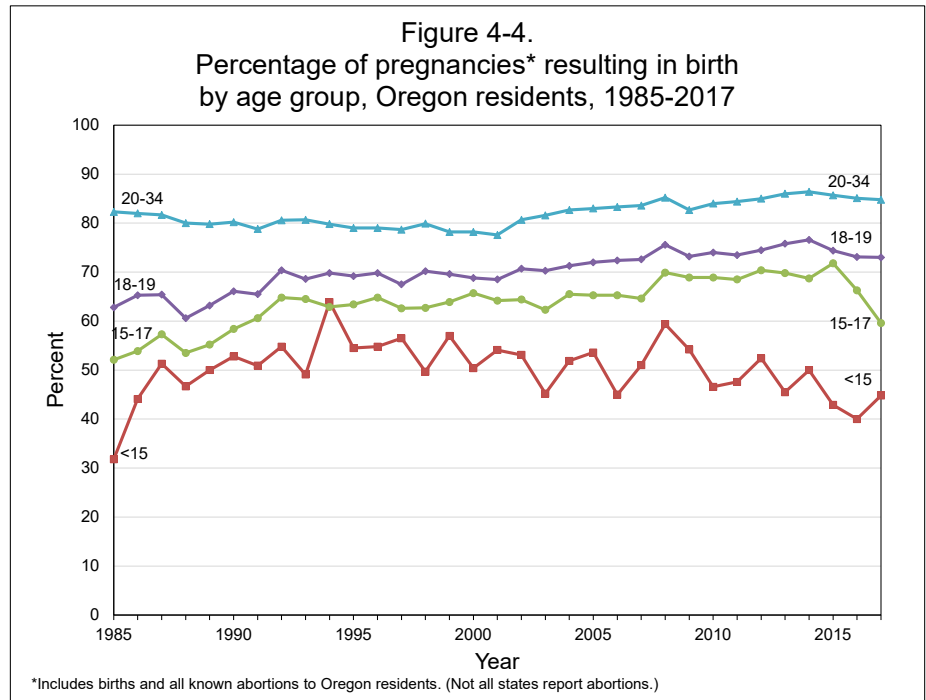
Birth rates for teens age 18 to 19 decreased by 6.1% from 2016.



Oregon females, ages 18–19

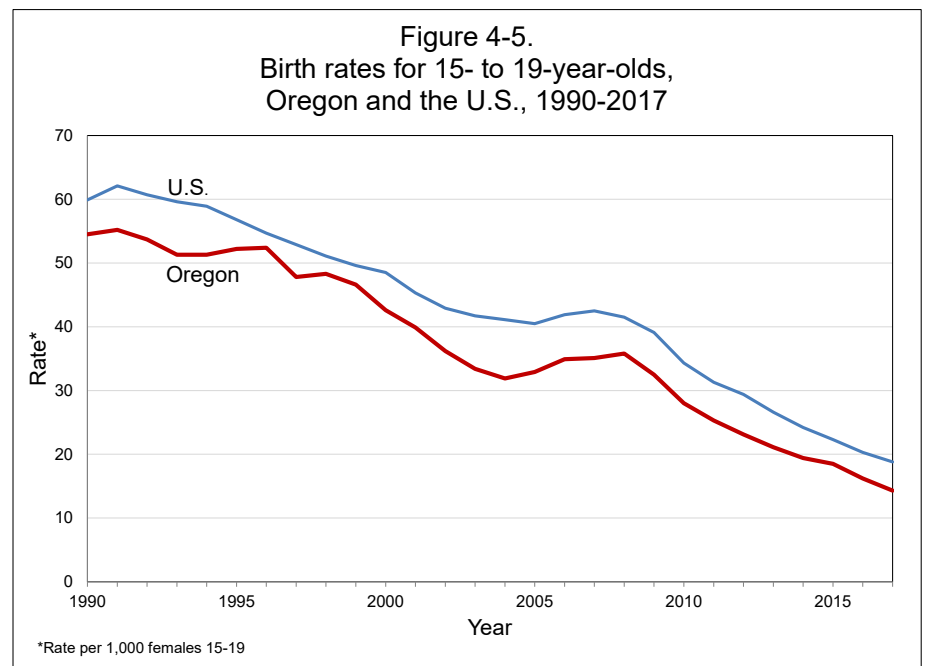
In 2017, the pregnancy rate among Oregon females ages 18–19 years was 37.6 per 1,000, a 6.0% decrease from 2016. Comparisons with the 2016 figures show a decrease in the birth rate (6.1%) and a decrease in the abortion rate (5.6%) among women ages 18–19 years (see Table 4-1).

Of the 1,956 pregnancies among women ages 18–19 years, 73.0% (1,428) resulted in a live birth (see Figure 4-4). It was the first child for 84.8% 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 11.7% in 2017 (14.3 vs. 16.2 per 1,000 females in 2016; see Table 4-1). The 2017 rate was 74.1% lower than the 1991 rate of 55.2 per 1,000, which is the highest rate recorded since that time (see Figure 4-5).



Oregon’s 2017 birth rate for 15–19-year-old teens was 23.9% below the preliminary national rate (14.3 vs. 18.8 per 1,000 females; see sidebar Table 4-A).(1) 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 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 20.5 in 2017, a 76.2% decrease (see Table 4-1). For further discussion of Oregon’s demographic characteristics and teen pregnancy rates, see Appendix B: “Methodology.”

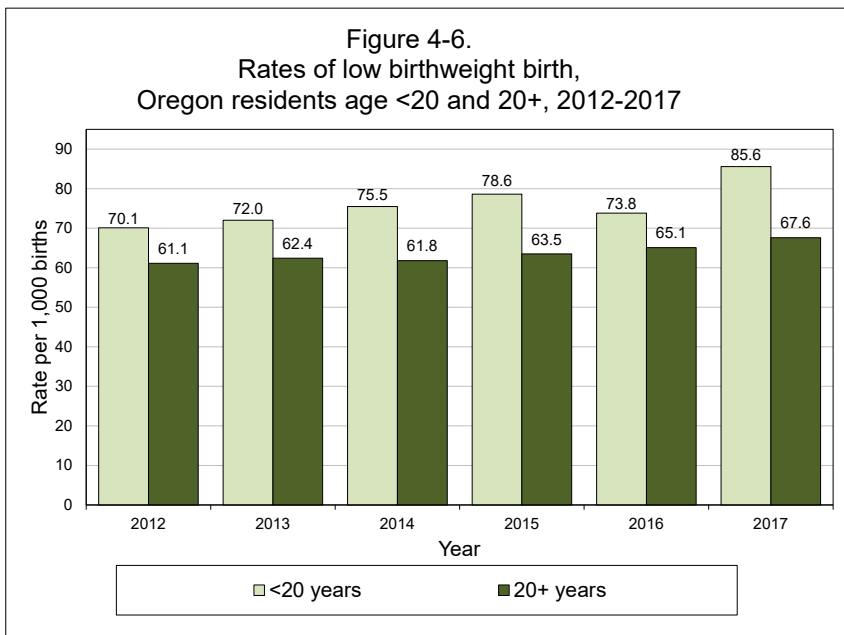
Age	Oregon		U.S.
	2017	2016	2016 ²
15-17	5.1	6.7	8.8
18-19	27.5	29.3	37.5
15-19	14.3	16.2	20.3

¹ All rates per 1,000 females.
² Most recent year US data are available.

Level of infant health

Low birthweight

Whether reflecting premature delivery or small size for gestational age, the strongest single measure of newborn infant health is the rate of low birthweight, 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 2017, the low birthweight rate for mothers ages 15–19 years was 86.2 per 1,000 births (see Table 4-7), a 16.2% increase from 2016. For 18–19-year-olds, the rate (85.4 per 1,000) increased by 23.1%. The teen rate for low birthweight remained higher than for mothers age 20 years and older (67.6 per 1,000; see Table 2-27 and 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 2017, for example, 58.3% of unmarried Hispanics ages 15–17 years started prenatal care during their first trimester, compared to 71.3% of married non-Hispanic White women ages 18–19 years (see Table 4-7).

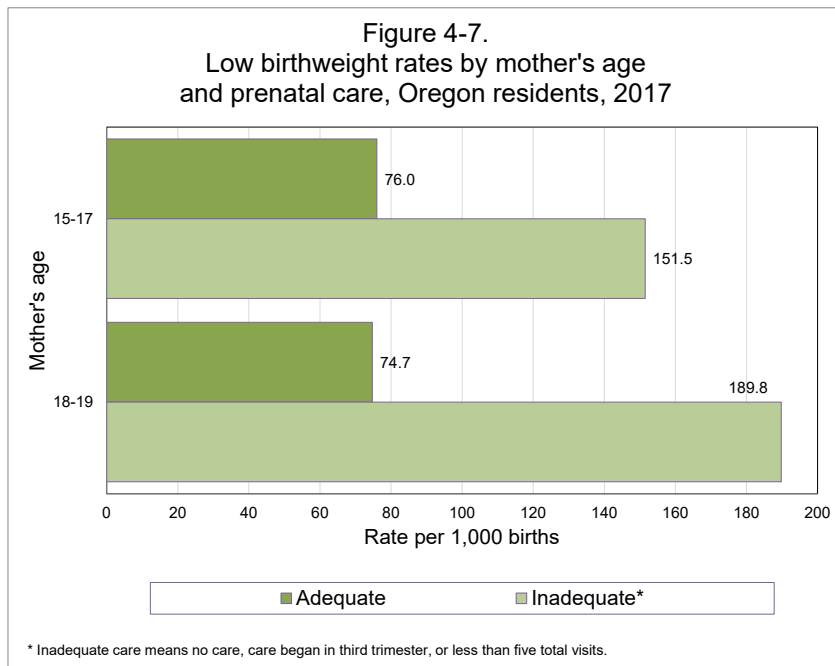
Low birthweight rates among teen mothers by racial/ethnic grouping are displayed in Table 4-7. Between 2016 and 2017, rates of low birthweight increased across race and ethnicity, excluding Asian and Pacific Islanders. The rate of low birthweight infants born to Hispanic teens ages 15–19 years increased by 18.5%, and for non-Hispanic White 15- to 19-year-olds the rate increased by 11.0%. For all non-Hispanic non-white or multiracial teens ages 15–19 years, the rate of low birthweight infants increased by 38.1% from 2016.

Prenatal care

Table 4-6 shows the association between inadequate prenatal care and frequency of low birthweight infants for teens who gave birth in 2017. Among mothers ages 15–19 years, those who received inadequate prenatal care had a greater likelihood of low birthweight babies than those who had received adequate care (182.4 vs. 75.1 per 1,000 live births). Figure 4-7 shows low birthweight rates per 1,000 live births by adequate and inadequate prenatal care. For 15- to 17-year-old mothers, the rates were 151.5 vs. 76.0; for 18- to 19-year-olds, the rates were 189.8 vs. 74.7.

- **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 2017, 66.5% of teen mothers started prenatal care during the first trimester, compared to 80.5% for women age 20 years and older (see sidebar Table 4-B). Only 64.5% of those 15–17 years received first trimester prenatal care, an increase from 59.2% in 2016 (see Table 4-10).



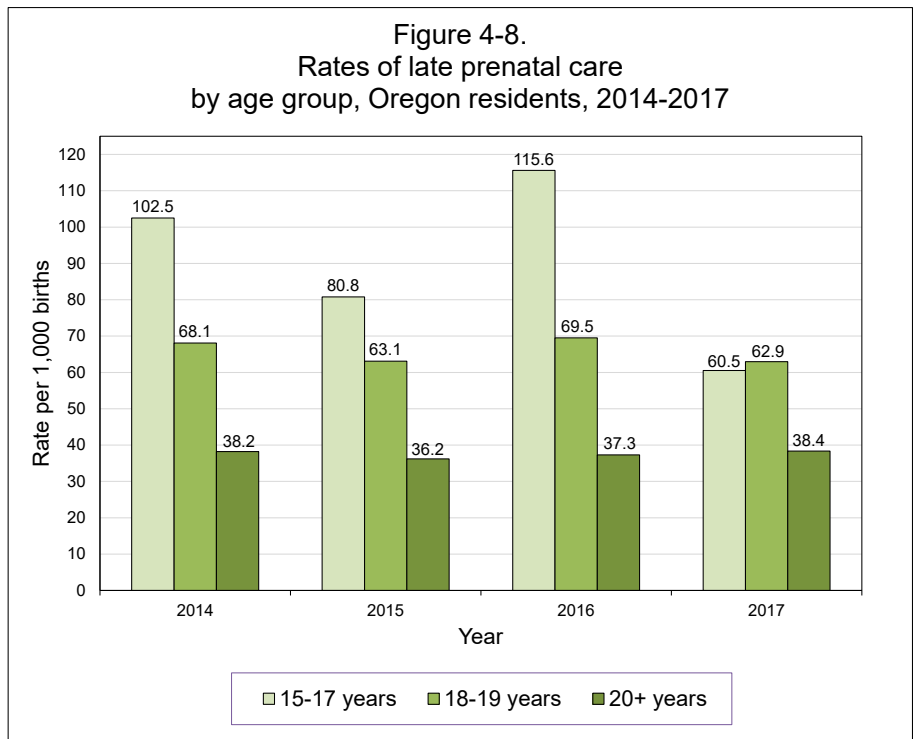
- **Inadequate prenatal care**

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, 8.8% of 15- to 17-year-old teens and 9.7% of 18- to 19-year-old teens received inadequate prenatal care in 2017. This compares with 6.0% of women age 20 or older that received inadequate care (see Table 4-10). The proportion of women under age 20 that received inadequate prenatal care decreased by 18.7% in 2017, to 9.7 from 11.9 in 2016.

- **Late care or no prenatal care**

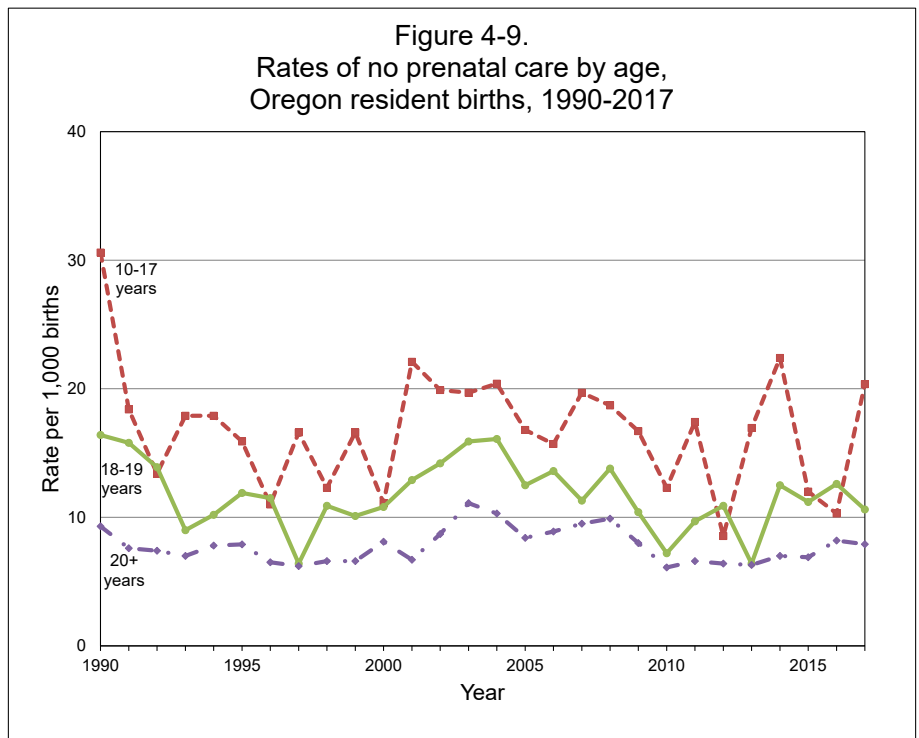
The proportion of teens ages 15–17 years that began prenatal care during the third trimester decreased 47.6% in 2017 to 60.5 per 1,000 live births (see Figure 4-8). Compared to women 20 years and older, a higher percentage of teens under age 18 went through pregnancy without a single visit to a medical provider. The rate of no prenatal care among teens 15–17 was 21.1 per 1,000 live births, which was more than two and a half times the rate among women age 20 and older (7.9 per 1,000 live births; see Table 4-10, Figure 4-9).

All women	79.9
All teens	66.5
15-17 years	64.5
18-19 years	67.1
20+ years	80.5



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.⁴ In 2017, the rate of low five-minute Apgar



scores for newborns of mothers ages 15–17 was 36.7 per 1,000 births (Table 4-9), a 16.2% decrease from 2016 (43.8 per 1,000). The low five-minute Apgar rate for infants born to women under age 20 was 36.8% higher than the rate for infants born to women 20 years or older (36.9 compared to 25.9 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 years (ORS 471.410), while the legal age to purchase tobacco products was 18 years in 2017 (ORS 167.401). 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 ages 15–19 years who reported smoking during pregnancy in 2017 was just over 1.6 times as high as the percentage reported by women age 20 years and older (14.1% vs. 8.7%; see Table 4-9). Women who smoked during pregnancy had a higher likelihood of having low birthweight babies than did nonsmokers. Mothers age 20 or older showed the greatest difference between low birthweight rates and tobacco use (119.3 vs. 62.4 per 1,000 live births). One possible explanation for this finding is that the low birthweight rate for teen mothers ages 15–19 years was higher than for women age 20 and older (see sidebar Table 4-C).

Alcohol

Teens ages 15–19 years reported less use of alcohol during pregnancy than did women age 20 years and older (2.3 per 1,000 births vs. 9.1 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. According to the 2017 birth certificate data, Medicaid/Oregon Health Plan was the primary payment source for 80.6% of the births by teens ages 15–19 and 43.6% of births to women age 20 and older (see Table 4-10).

	<20	20+
Nonsmokers	77.2	62.4
Smokers	137.8	119.3

¹ All Rates per 1,000 births

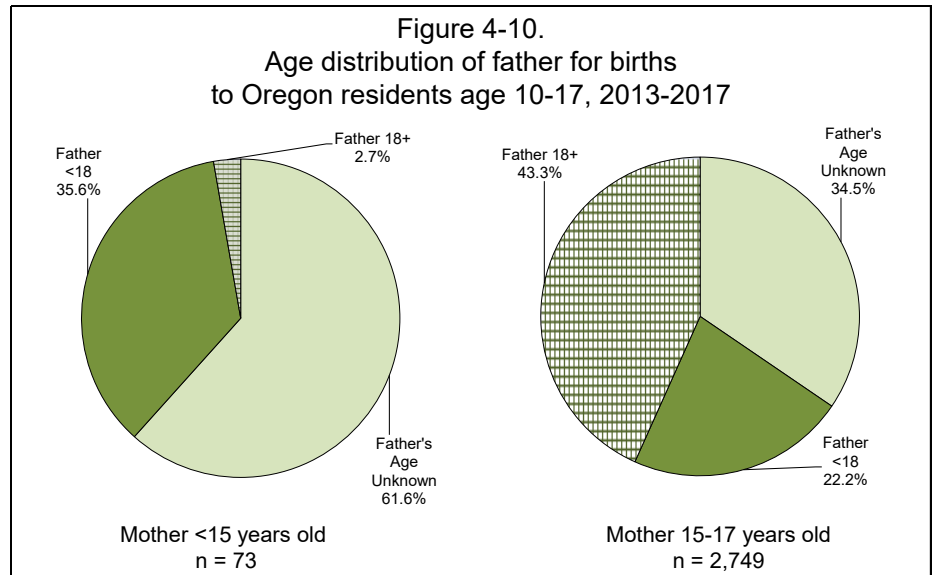
Age of father

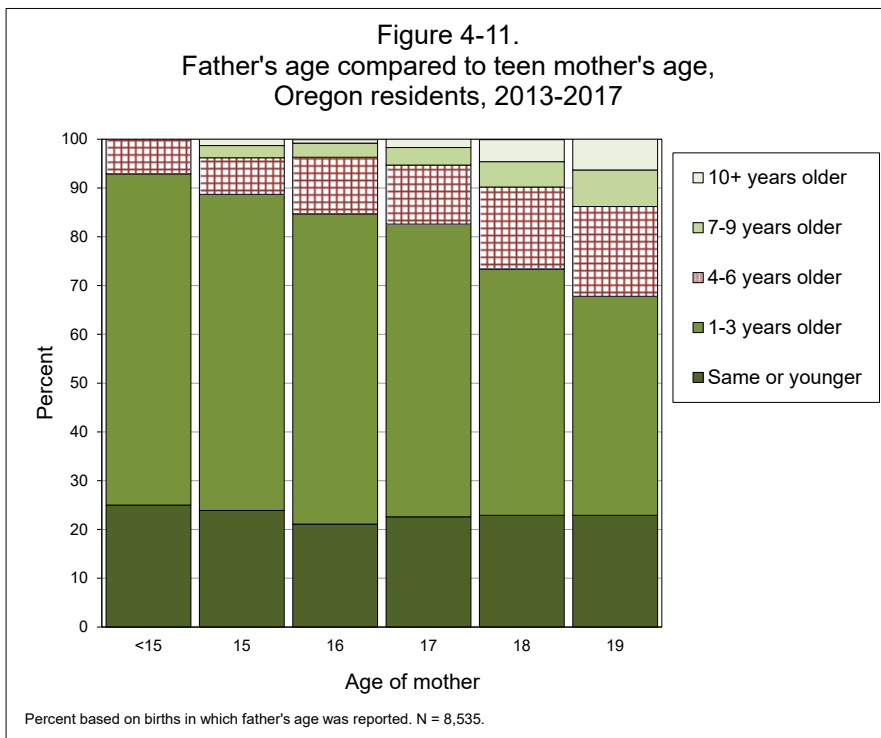
Between 2013 and 2017, certificates of 61.6% of births to mothers under age 15 years either did not indicate the father’s age or the father was not identified (see Figure 4-10, Table 4-13). For those records where the father’s age was reported, 92.9% were younger than age 18 years, and 7.1% were age 18 years or older.

Medicaid/OHP paid for 80.5 percent of births to teens in 2017.

The father’s age was reported on the records of 65.5% birth mothers 15–17 years of age. Approximately one-third (33.4%) of those fathers were under age 18, and 66.6% were age 18 or older.

For all teens giving birth in Oregon during 2013–2017 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).





References

1. Centers for Disease Control and Prevention (CDC). Births in the United States, 2017. NCHS Data Brief. August 2018; No.318.
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.
4. Casey BM, McIntire DD, Leveno KJ. Feb. 15, 2001. The continuing value of the Apgar score for the assessment of newborn infants. N Engl J Med. 344 (7): 467-471.