Dr. Burgis has disclosed that she has no conflicts of interest.

OBJECTIVES

State trends in teen pregnancy
Understand prenatal care specific to teens
Describe effective strategies to prevent repeat teen pregnancies
Consent and Confidentiality

- A minor is a person under age 18
- Know your state laws
- Minors can consent for reproductive health services without parental knowledge or consent

Consent and Confidentiality

- Includes Contraceptive services
- Sexually Transmitted infection
- Prenatal care
- Medical care for minor children
- Abortion services
  - parental consent < 17 years old
  - judicial by pass
Teen Pregnancy

**Countries with low levels of teen pregnancy**

*Are characterized by*

- Societal acceptance of teen sexual relationships
- Comprehensive and balanced information
- Clear expectations
- Ease of access

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Teen Pregnancy in South Carolina

Since the early 90’s the teen birth rate has declined by 61%

Biggest declines in the 15 - 17 year old

**SUCCESS DOES NOT EQUAL VICTORY!!**
Teen Pregnancy in South Carolina

Mirrors international data:
➢ 80% unplanned!!

First pregnancy strong risk factor for second unplanned pregnancy

In South Carolina:
• 12 teens (age 15-19) give birth every day.
• 4,297 teens (age 15-19) gave birth in 2014.
• 24% of SC teens were already teen parents.
• 72% of all teen births occurred among 18-19 year olds in 2013.
• 48% of high school students report they have had sex.

Only 38% of teen mothers graduate from high school

<table>
<thead>
<tr>
<th>COUNTY DATA 2014</th>
<th>RICHLAND</th>
<th>LEXINGTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate 15-19 (per 1,000)</td>
<td>19.6</td>
<td>25.4</td>
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<tr>
<td>Rate 16-19 (per 1,000)</td>
<td>28%</td>
<td>26%</td>
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<tr>
<td>% of Repeat Teen Births</td>
<td>35.2</td>
<td>48.2</td>
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<tr>
<td>Rate 15-19 (per 1,000)</td>
<td>307</td>
<td>211</td>
</tr>
<tr>
<td>Rate 16-19 (per 1,000)</td>
<td>46</td>
<td>37</td>
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<tr>
<td>% of Repeat Teen Births</td>
<td>220</td>
<td>160</td>
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</tbody>
</table>
The Impact We Feel

Health
low birth weight babies, higher infant mortality

Education
low high school graduation rates
teen's children less prepared for school

Economics
SC spends $166 million/year
60% teens receive some public assistance

Risk Factors for Teen Pregnancy

Intrafamilial
Parent or sibling teen pregnancy
Multigenerational poverty
History of sexual abuse
Family dysfunction/personal beliefs

Risk Factors for Teen Pregnancy

Personal/biologic factors
Early menarche
Personal fables/belief in omnipotence
Depression/mental health
Desire for someone to love
Hopelessness about the future
Risk Factors for Teen Pregnancy

Social cultural factors
- Peers who are teen parents
- Educational failure
- Perception of media messages
- Shift in social norms
- Pressure from partners/older partners
- Lack of access to reproductive health services

Diagnosis

Pregnancy must be excluded

Common cause of secondary amenorrhea

Multiple symptoms

May deny missed menses

Diagnosis

- Appropriate Counseling
  - Sensitive
  - Confidential
  - Nonjudgemental
Prenatal Care For TEENS

- Emotional support
- Comprehensive, multidisciplinary service
- Adolescent friendly/exclusive
  - see more frequently
  - provide f/u for missed appointment
  - nutritional
  - social services

Prenatal Care For TEENS

- Increased risk for preterm delivery and low birth weight
- Outcomes more tied to inadequate care, nutrition and poverty than age alone

Prenatal Care For TEENS

Should include counseling

- Nutrition
- Substance abuse
- Tobacco
- Domestic violence
- Depression

Infant mortality rates substantially higher
Prenatal Care For TEENS

• Routine prenatal labs, include STIs
• No PAP until age 21
• Vitamins with 1 mg folate
• Substance abuse, medications OTC and RX
  - www.reprotox.org

Prenatal Care For TEENS

• Pregnancy may be met with fear, anxiety, happiness, or a combination
• Ascertain safety
• Identify help
• Contact information
• Close follow up
  - 1 to 2 weeks

Prenatal Care For TEENS

• More frequent visits
• Provide follow up for missed appointments
• Support for finances, home, school, mental health

  Increased risk for:
  Preterm birth
  Dating violence (4-6X)
  Depression (16% to 60%)
Partner Support and Outcome

5609 teen pregnancies
Partner support during pregnancy
- partner felt pregnancy was “right time”
- living together during the pregnancy

Young Parent Program (YPP)

- Comprehensive program for teens and their babies
- Begins with prenatal care
- Continuity of care – same provider
- Flexible hours
- Financial incentive for no insurance
- Extensive contraceptive counseling
- Appointment reminders

Omar et al. Repeat Teen Pregnancy in a Young Parent Program
Young Parent Program (YPP)

1386 teens  age 11-19
Followed for 5 years
Repeat pregnancy - 11 or 0.79%
Strength in relationships
- able to broach tough subjects

Prenatal Care for TEENS

CenteringPregnancy®
• 150 teens – 50 in each group
• CenteringPregnancy® (CP)
• Individual Provider Prenatal care (IP)
• Multiple Provider Prenatal care (MP)


Prenatal Care for TEENS

Groups were evaluated for
Gestational weight gain
Infant feeding method
Postpartum follow up
Postpartum contraceptive method

RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Centering</th>
<th>Multiple provider</th>
<th>Individual provider</th>
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</thead>
<tbody>
<tr>
<td>100% attendance</td>
<td>62%</td>
<td>41%</td>
<td>52%</td>
</tr>
<tr>
<td>Adherence to weight</td>
<td>62%</td>
<td>58%</td>
<td>68%</td>
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<td>gain recommendation</td>
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<td></td>
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<tr>
<td>6 week post partum</td>
<td>58%</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>LARC</td>
<td></td>
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</table>


RESULTS

Increased rates of breastfeeding
Less depression

Centering appears to be a viable option to encourage healthy behaviors in a high risk population


Teen Pregnancy Prevention

- First pregnancy BIG risk for second
- >18%
- Contraceptive planning during pregnancy
- LARC
Contraceptive Choice Project

Provision of No-Cost, Long-Acting Contraception and Teenage Pregnancy

1404 TEENS

Contraceptive Choice Project

1404 TEENS

PRE PREGNANCY

POST PREGNANCY

• Male condoms 51%
• COC 28%
• Double method 5%
• No method 19%

• Implant 71%
• COC 18%
• Depo provera® 2%

COC=combination oral contraceptive

PRE PREGNANCY

POST PREGNANCY

• Male condoms 51%
• COC 28%
• Double method 5%
• No method 19%
Teen Pregnancy Prevention

- Greater access to sexual health information
- Societal openness and comfort with regard to sexuality
- Pragmatic government policies
- “Well protected” at sexual encounters

Teen Pregnancy Prevention

- French teens are 2X as likely to use OCP
- German teens are 5X as likely to use OCP
- Dutch girls are 6X as likely to use OCP
- US needs to develop a “comfort level” on par with European countries

Teen Pregnancy Prevention

- Use social media – to get the message out!
- Integrate sex education into school curriculums
- Help families develop a “comfort level” discussing sexuality with their teens
- Takedown cultural barriers!
References

- Advocates for Youth: Effective sex education. Available at http://www.advocatesforyouth.org/publications450