Family planning among teenage mothers

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Teen births in the United States: 2017

• 196,294 teen births (every 3 minutes)

• 1 in 6 teen births is a repeat teen birth

• 80-90%+ first and repeat teen pregnancies unintended

Centers for Disease Control and Prevention 2018; Boardman et al., 2006; Finer & Zolna, 2016
Teen Birth Rate by Type
1990-2016

Birth rate per 1,000 females 15-19 years

Year

First-time teen mothers
Repeat teen mothers

Sources: CDC Natality Data files; SEER Population data
Repeat v. first-time teen mothers

• Elevated risk of:
  • Low birth weight
  • Preterm birth
  • Infant mortality

Repeat v. first-time teen mothers

• Elevated risk of:
  • Low birth weight
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• Who are repeat teen mothers?
• What is driving poor birth outcomes?
• What are their longer-term outcomes?
Repeat v. first-time teen mothers

Pregnancy-Associated Health Behavior

• Inadequate prenatal care
• Tobacco use during pregnancy
• Sexually transmitted infections
• Inadequate pregnancy weight gain
• Breastfeeding

Gestational Health Conditions

• Lower gestational diabetes
• Lower gestational hypertension

N = 2,547,350

Maslowsky et al., under review
Repeat birth counties:
- Lower SES
- Greater income inequality
- More strained reproductive health services

Maslowsky et al., 2019, *Journal of Adolescent Health*
Implications:

Clinical:
- Screening for behavioral risk as for physical health risk

Health services access:
- Prenatal & postpartum care
- Contraceptive care

Social determinants:
- Support for educational persistence, job training, economic opportunity
- Reductions in poverty, income inequality
Teen mothers are not a lost cause...
Opportunities!

Teen mothers who **complete high school** AFTER giving birth:

- Better self-rated health at age 50 (via + income)
- Children (M/F) are less likely to be teen parents themselves
Opportunities!

Teen mothers who have one (v. repeat) births at age ~28

• + graduate high school
• - financial hardship
• - welfare/social programs

Cone, Hendrick, & Maslowsky, in press, *Youth & Society*
Contraception

• Tool for preventing repeat births, facilitating ongoing education

• Total reduction in adolescent pregnancy and births 2007-2014 attributable to improved contraceptive use

Lindberg, Santelli, & Desai, 2018
Long-acting reversible contraception (LARC)

- > 99% effective
- One appointment, one payment
- Lasts 3-12 years

- “Oops proof”
- “Set it and forget it”
- ~5% of adolescents use
Contraceptive counseling
Contraceptive counseling

• Prioritizes effectiveness, emphasize LARC

• Didactic- moving toward person-centered, shared decision-making

• Brief, presented with other information

• Similar for adolescent/adult women

• Notable exceptions at the provider level– but not standardized
Study: Family planning among teen mothers

• Qualitative interviews
• Latina adolescents (& their mothers)
• 3rd trimester of first pregnancy (& 3 months postpartum)
• Contraceptive knowledge, preferences, experience with counseling
• Future goals, role of contraception
Goals for the future

I: Right before you found out you were pregnant, did you have any plans for the future?

P: Yeah, I actually had plans to be a nurse. To, uh, study OB nurse. But, I'm still, I'm still having that dream still. Still kicking up a bit, but I feel like it's going to be a little bit harder to get there because of the baby, so I just have to still keep on going to school.
Contraception as facilitator of goals

I: Have you thought about how birth control could affect how you can achieve your goals?

P: *It's actually going to be really helpful for me. So, I mean, I pretty much would love to have birth control if, whenever I get done with my pregnancy.*

I: Okay, and how would it be helpful for you?

P: *It would be helpful by, uh, *not getting pregnant again* and finding a easier path to go to college.*
Knowledge of contraception

I: What do you know about birth control?

P: “I mean, not as much as I think I should, but I feel like that's kind of on me because I don't ask questions. Um...But I just know that it helps like prevent you from getting pregnant.”

I: What types of birth control do you know about?

P: “I know about the implant in your arm, [and] the one that goes in like up your- I don't know where it goes up, but it's like one that you have for, like, 10 years.”

Latina adolescent, age 16, 37 weeks pregnant
Considerations for adolescent contraceptive counseling

More than effectiveness: multidimensional considerations

• Time frames/time horizon
• Body knowledge
• Contraceptive experience
• Side effects
• Social influences
• Logistical constraints (consent, $, access)
• Avoid coercion
• Autonomy
Toward a developmentally appropriate contraceptive counseling method for adolescents…
Adolescent-friendly health care

• WHO: “meets the needs of young people sensitively and effectively and is inclusive of all adolescents”

• “Adolescent friendly” initiatives
  • Adolescent-centered methods: youth voice needs, give input (autonomy)
  • Improved health care experience for adolescents

Neylon et al., 2014; Riley et al., 2017; WHO, 2003
Pilot work

- Developmental considerations for adolescents
- Youth and provider advisory groups
- Delivery format
- Clinic workflow
Thank you!
Repeat teen birth rates by race and ethnicity
1990-2016

Birth rate per 1,000 females 15-19 years

Year


Sources: CDC Natality Data files; SEER Population data