

Welcome

Office for State, Tribal, Local and Territorial Support
presents...

CDC *Vital Signs* **Preventing Repeat Teen Births**

April 9, 2013
2:00–3:00 pm (EDT)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

2:00 pm	Welcome & Introductions	Dan Baden, MD Associate Director for Field Services Outreach and Engagement, Office for State, Tribal, Local and Territorial Support, CDC
2:04 pm	Presentations	Lorrie Gavin, MPH, PhD Senior Health Scientist, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC Kristen Plastino, PharmD, MD Director, UT Teen Health, Associate Professor, Department of Obstetrics & Gynecology, University of Texas Health Science Center at San Antonio Shelby R. Pons, MSW State Director of Teen Parent Programs, Connecticut State Department of Education, Bureau of Health, Nutrition, Family Services and Adult Education
2:30 pm	Q&A and Discussion	Dan Baden, MD
2:55 pm	Wrap-up	Dan Baden, MD
3:00 pm	End of Call	



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*





VITAL SIGNS Town Hall Teleconference

Repeat Births Among Teens 2007–2010

Lorrie Gavin, MPH, PhD

Senior Health Scientist

Division of Reproductive Health

Centers for Disease Control and Prevention

April 9, 2013



Objectives

1. Remind us why we care about teen pregnancy
2. Describe a recent CDC study on repeat teen births and postpartum contraceptive use

A Winnable Battle

Teen pregnancy



1,000

Every day, 1,000
teens give birth in
the U.S.



9X

Teen births in the U.S.
are up to 9 times higher
than in most other
developed countries

1 of 11



1 out of 11 new
mothers is a teen



\$11B

Teen childbearing costs
U.S. taxpayers \$11 billion
every year



VITAL SIGNS: Repeat Births Among Teens— United States, 2007–2010

Research Questions

- ❑ What number and percentage of teen births are repeat births?
- ❑ What are the patterns of repeat teen births by race/ethnicity, by state, and over time?
- ❑ What are the patterns of postpartum contraceptive use among teen mothers, by socio-demographic characteristics, and by state?

Methods

- ❑ Vital statistics / Birth data
 - Compiled annually by NCHS from all 50 states and DC
 - Includes demographic information, such as age, race/ethnicity, live birth order
 - Examined data for births to all females 15–19 years
 - Excluded births for which information about birth order was not available

- ❑ Pregnancy Risk Assessment Monitoring System (PRAMS)
 - Interviews women who delivered a live birth in previous 2–6 months, sample drawn from birth file
 - Asks about maternal attitudes and experiences before, during, and after pregnancy

Methods – PRAMS (cont.)

- ❑ 15 states and NYC, 2007–2010
- ❑ The following questions are asked about postpartum contraception:
 1. Are you, or your husband or partner, doing anything now to keep from getting pregnant?
 2. [If yes] What kind of birth control are you using now to keep from getting pregnant?
- ❑ Contraceptive methods coded as:
 - Most effective: tubal ligation, vasectomy, implant, intrauterine device (IUD)
 - Moderately effective: pills, shot, patch, ring
 - Least effective: condom, diaphragm, cervical cap, sponge, rhythm, withdrawal

Results – Vital Statistics

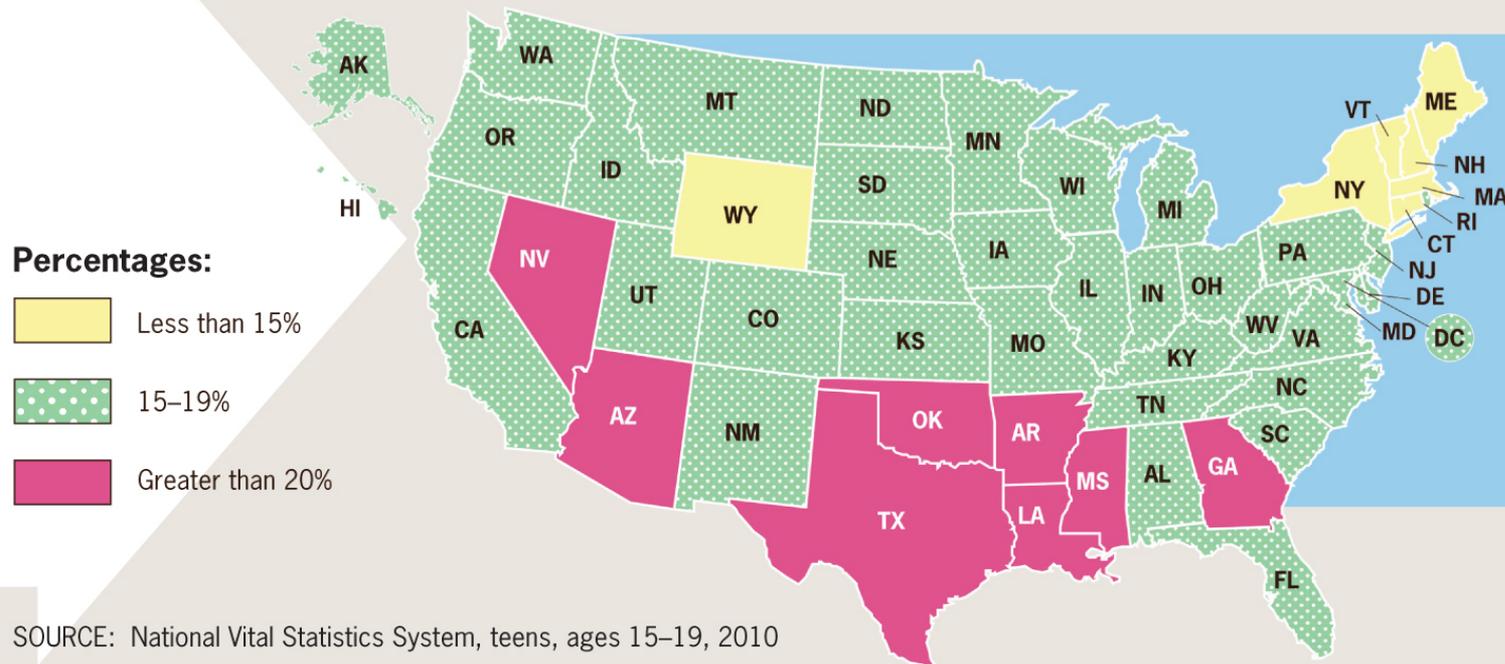
- ❑ In 2010, of 365,000 births to teens ages 15–19, 18.3% were repeat teen births
 - Of these, 86% were for a second child
 - 15% were for a third to sixth child
- ❑ The percentage of teen births that were repeat declined 6.2% from 2007 to 2010
- ❑ Percentages varied by race/ethnicity:

▪ AI/AN	21.6%
▪ Hispanics	20.9%
▪ Non-Hispanic Black	20.4%
▪ Asian-Pacific Islanders	17.6%
▪ Non-Hispanic White	14.8%



Results – Vital Statistics (cont.)

2. Which states have the highest percentages of repeat teen births?



Results – PRAMS

Among sexually active teen mothers, 90% used postpartum contraception

- 22.4% used the most effective methods
- 54% used moderately effective methods
- 15% used less effective methods
- 9% used no method of contraception



Postpartum Contraceptive Use, PRAMS, 15 States and NYC, 2007–2010

- Most effective
 - Tubal ligation and vasectomy 1%
 - Implant 3%
 - Intrauterine device (IUD) 18%
- Moderately effective
 - Pill 29%
 - Shot 21%
 - Patch 2%
 - Ring 2%
- Less effective
 - Condom 12%
 - Diaphragm/cap/sponge --
 - Rhythm 1%
 - Withdrawal 2%
- No method 9%

Use of the Most Effective Methods of Contraception, by PRAMS Site

State	Most effective methods (sterilization, implant, IUD)	
	%	(95% CI)
New York (2007, 2008)	7.2	(3.2–15.6)
West Virginia (2007, 2008)	11.2	(8.5–14.6)
New York City (2007)	11.9	(5.1–25.4)
Missouri (2007)	15.5	(9.2–25.0)
South Carolina (2007)	15.5	(8.5–26.7)
Mississippi (2008)	15.8	(10.8–22.6)
Arkansas	17.7	(14.3–21.7)
Michigan	20.2	(16.6–24.4)
Tennessee (2008, 2009)	20.7	(13.9–29.5)
Ohio (2009, 2010)	23.5	(16.6–32.1)
North Carolina (2007, 2008)	24.9	(19.4–31.5)
Nebraska	27.8	(23.2–32.8)
Oregon	33.8	(27.6–40.6)
Rhode Island	36.4	(31.0–42.2)
Utah (2009, 2010)	40.3	(33.8–47.2)
Colorado (2009, 2010)	50.3	(42.0–58.6)

Study Limitations

- ❑ PRAMS data
 - No information about consistency and correctness of contraceptive use
 - Findings may not be generalizable to other states
 - Data were aggregated over multiple years and may mask temporal trends
 - Some states had data only for 2007 or 2008, and subsequent improvements may have occurred

- ❑ Data sources examined births rather than pregnancies; repeat pregnancy is likely to be higher than repeat births

Conclusions

- ❑ 1 in 5 teen births is a repeat birth
- ❑ Many teens are taking steps to prevent a repeat pregnancy, but only 22% use the most effective methods of contraception
- ❑ Efforts to support pregnant and parenting teens should
 - Counsel about birth spacing and provide contraception, including the most effective methods of IUD and implants
 - Link teen parents to home visiting programs
- ❑ More research is needed to understand
 - Reasons for state variability in postpartum use of the most effective contraceptive methods



Thank you!

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health



Decreasing Teen Birth: Partnerships for Success



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**DIRECTOR, UT TEEN HEALTH
DEPARTMENT OF OBSTETRICS/GYNECOLOGY
UT HEALTH SCIENCE CENTER**





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UT TEEN HEALTH

- **Funded by the Office of Adolescent Health/CDC to implement a community-wide, teen pregnancy prevention initiative**
- **Project goals include**
 - Decrease the teen birth rate
 - Decrease repeat teen birth rate
 - Mobilize the community and sustain teen pregnancy prevention



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UT TEEN HEALTH

Five Main Components

- **Community Mobilization**
- **Evidence-Based Programs**
- **Clinical Services**
- **Educating Stakeholders**
- **Working with Diverse Communities**

Teen Birth Statistics



- The US teen birth rate has declined for the second year in a row to 39.1 births per 1,000 (15–19 years old) in 2009¹
- Texas ranks 4th in highest proportion of teen births, 52.2 per 1,000 (15–19 years old)²
- In 2008, the birth rate among girls ages 15–19 was 64.6 births per 1,000 in San Antonio³
- In south San Antonio the birth rate among girls ages 15–19 was 99.2 births per 1,000⁴

¹Schelar E, Franzetta K, Manlove J. Child Trends. 2011. Repeat childbearing: differences across states and by race and ethnicity; ²CDC National Vital Statistics. Birth Data. 2012. ³Metro Health. 2008. ⁴Texas Department of Health and Human Services. 2008.

Repeat Teen Birth Statistics



- In 2009, 19% of teen births in the US were repeat births¹
- Texas has the 2nd highest proportion of teen births that are repeat births (22%)¹
- San Antonio has 24% of teen births that are repeat births²
- In south San Antonio, 25% of girls experience repeat births³

¹Schelar E, Franzetta K, Manlove J. Child Trends. 2011. Repeat childbearing: differences across states and by race and ethnicity;

²Metro Health. 2008. ³Texas Department of Health and Human Services. 2008.

What UT Teen Health is doing to Decrease Repeat Teen Births



- Partnering with **Nurse Family Partnership (NFP)** Programs in our area by:
 - Providing informal linkages between community youth serving organizations (CBYOs) and NFP
 - Providing ‘best practice’ updates to clinicians
 - Providing peer-to-peer health seminars to clients that focus on refusal skills and goal setting
 - Building networks to provide condoms to clients that need them

What UT Teen Health is doing to Decrease Repeat Teen Births



- **Partnering with...**

- **Community Colleges** to link students to local clinics
- **Local Hospitals** to hire a nurse liaison to do postpartum rounds on <20-year-olds to discuss contraceptive methods, schedule appointment for a contraceptive method, or leave the hospital with a method
- **WIC Clinics** to ask intake questions in order to refer clients to clinical services for healthy pregnancy spacing
- **Juvenile Probation Department** to develop long-term goals to promote teen pregnancy prevention by implementing evidence-based curriculum

Accomplishments



- School board approval of evidence-based curricula in all area schools that serve pregnant and parenting teens
- 32 out of 48 teens entered NFP in 2012 through UTTH's collaboration with schools
- Nurse liaisons saw 155 postpartum patients, of which, 96 (62%) received an IUD, implant, or injection as a method of contraception
- UTTH educated over 300 probation department staff members in anatomy, adolescent reproductive development, STDs, contraceptives, and how to access clinical services for youth in custody

Lessons Learned



- **Nurse Family Partnership**

- Want to strengthen the relationship nurses have with clients; this includes opportunities for continuous quality improvement

- **Community Colleges**

- Want to link students to clinical services, but need to be culturally sensitive to the student population

- **Local Hospitals**

- Want to educate all clinicians on types of contraceptives that are okay while breastfeeding, when promoting postpartum contraceptives

Lessons Learned



- **WIC Clinics**
 - Work with the state administration first for approval to engage local area WIC clinics
- **Juvenile Probation Department**
 - Probation officers play a vital role with youth who are in custody and want to give medically accurate information; need to be equipped with resources

Contact Information

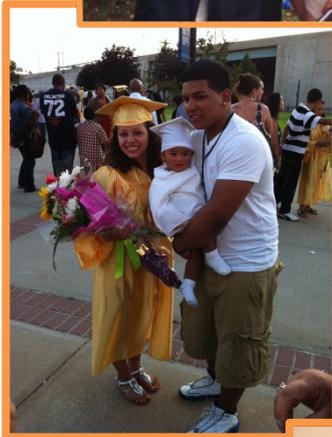


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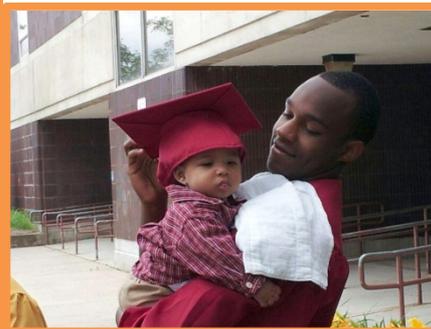
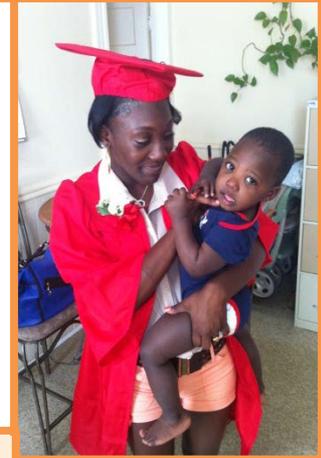
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 Bureau of Health, Nutrition, Family Services
 and Adult Education



CT Supports for Pregnant
 & Parenting Teens

Bringing Systems Together

State Level Partners include

- CT Department of Education
- CT Department of Public Health
- CT Department of Social Services
 - Nurturing Families Network
 - Fatherhood Initiative
- Hispanic Health Council
- Capitol Region Education Council



Demographics

Locations and Program Capacity

Towns	Births in Towns to Mothers less than 20 years of age 2006		District Cumulative Dropout Rate 2007-2008**
	Percentage	Number	Percentage
Bridgeport	14.3	356	23.5
Hartford	18.2	280	12.0
New Britain	17.7	193	23.5
New Haven	13.2	407	15.7
Waterbury	15.0	249	9.3
State Mean	7.0	1,485	6.8

Statewide Program Capacity

- 250 pregnant and parenting teen mothers
- 200 children
- 125 expectant and parenting teen fathers



This project is funded by the U.S. Department of Health and Human Services, Office of Adolescent Health.

SPPT Goals

- Improve the education, health, and social outcomes for expectant and parenting teens
- Promote healthy child development for the children of expectant and parenting teens
- Educate teen parents about the services that are available to support their education (graduation), health, and parenting skills



School-Based Teams of Professionals

- 1.0 FTE Social Worker (MSW)
- 0.5 FTE Registered Nurse
- 1.0 FTE Nurturing Families Network
Home Visitation Caseworker

These school-based professionals serve as the **advocates** for expectant and parenting teen students by **providing** and/or **linking** to the identified core services, through the development of **individualized service plans**.



Home Visitation

Department of Social Services – Nurturing Families Network (NFN)

The evidence-based, home-visiting model creates positive change in families to promote positive parenting and reduce incidences of child maltreatment and trauma.

The rate of child abuse and neglect among families helped by NFN is approximately 2% compared to approximately 20% in vulnerable populations that don't get home visits.



Core Services

1. Flexible, quality schooling to help young parents complete high school
2. Case management and family support
3. Referrals to health services
4. Quality childcare for children
5. Parenting and life-skills education and support services, including home visiting
6. Father-involvement services and supports



Outcomes

- 80% of seniors enrolled in program graduated or remained in school
- 98% of children up-to-date on immunizations and well-child visits
- 99% of children meeting developmental milestones or receiving appropriate services to address developmental delays.
- < 5% experience repeat pregnancy



Increasing Public Awareness and Education

Social Marketing Research

- Research identified most effective “messages” and “messenger” to communicate with teen parents
- Messages support staying in school and goal setting, including career and further education
- Public awareness campaign, which includes a 40-poster pictorial display in the Legislative Office Building and audio and visual public service announcements



State and Local Advisory Council

Statewide and local advisory committees help develop linkages with community-based organizations and create inventories of existing resources to increase awareness of, and access to, all resources for expectant and parenting teen mothers and fathers.

They do this by supporting teen parent programs through: assessment of community needs/resources; dissemination of information regarding resources; coordinating services; partnering with existing resources; and addressing identified gaps.



Lessons Learned

1. Emphasizing the importance of post-secondary education
2. Using an intergenerational approach
3. Involving **All** dads



Perspective of a Teen Mother

As young mothers, the challenges we face
May seem like we're in a race
School then baby, even work
So much makes me want to go berserk
The judging stares of people that don't know
May be hard to overthrow
But we love our children, through and through
And WE know that everything we do
Will be worth it, although challenging now
And sometimes we don't even know how
We'll get through the day fully intact
Our actions today will make an impact
We love our children, and I'm so proud
That this program can help us keep our ground.

SPPT Program Participant
Age 16



Contact Information

For additional information, please contact:

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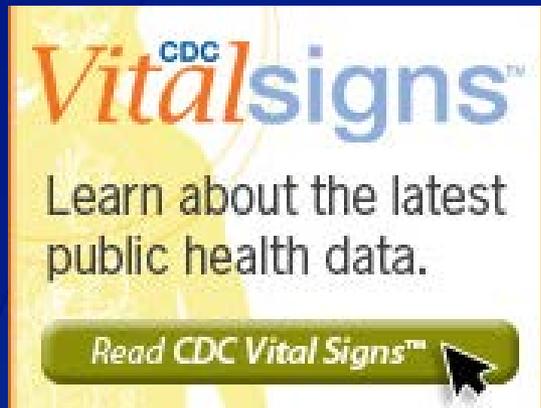
Public Health Practice Stories from the Field

- Stories about the implementation of Public Health Practice Stories from the Field



www.cdc.gov/stltpublichealth/phpracticestories

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