



TEEN PREGNANCY

Teen births have been dropping steadily.

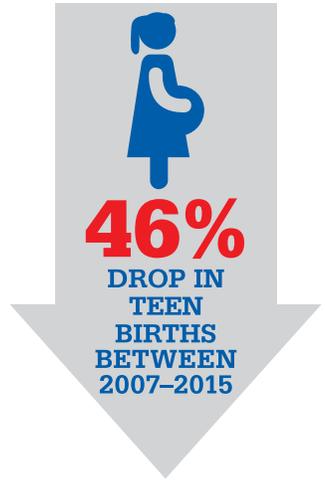
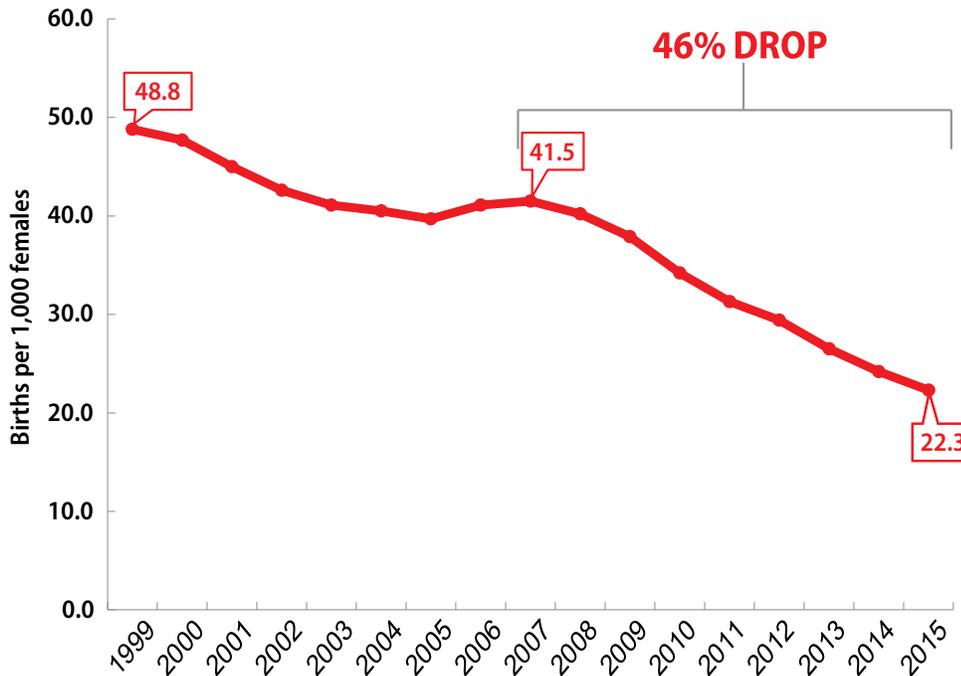
■ In 2009, the number of births to teenage mothers was 409,802 — a birth rate of 37.9 per 1,000 women aged 15 to 19.

■ In 2015, the birth rate among adolescent females was 22.3 births per 1,000 females (down approximately 46% since 2007).



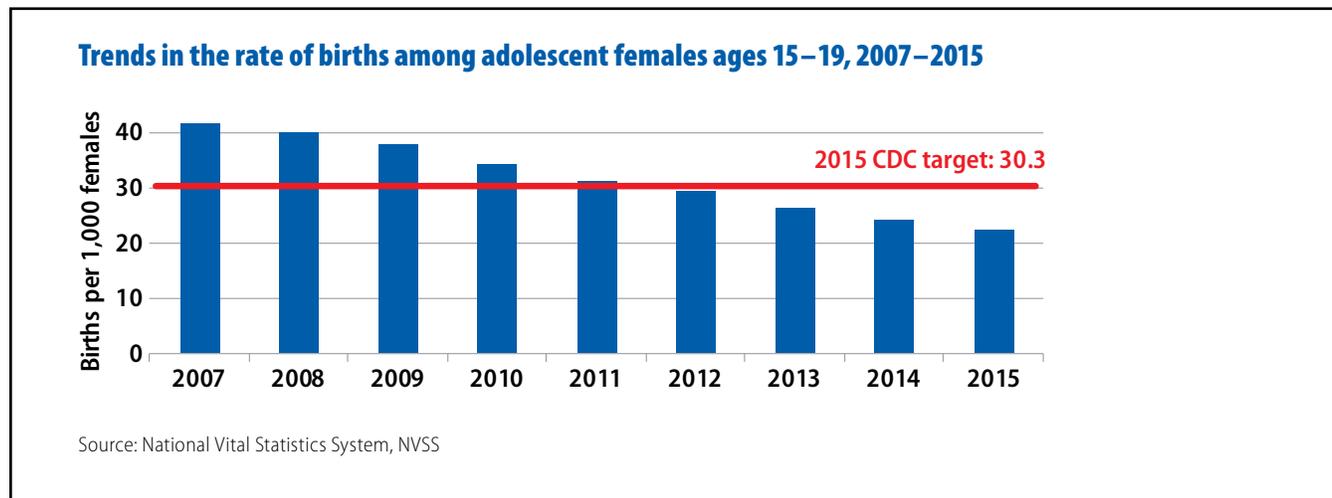
Progress in Teen Pregnancy Prevention

Major decrease in teen births between 2007–2015



CDC/NCHS, National Vital Statistics System

Trends in Teen Pregnancy Winnable Battle Indicator



Considerations in Choosing Teen Pregnancy as Winnable Battle

- Even in a climate of dropping rates in recent decades, considerable disparities existed in the rates of teen pregnancy and birth among the nation’s racial and ethnic groups. Together, 57% of teen births in 2014 were to African American and Hispanic youth, although they represent only 35% of the total population of 15–19 year old females.
- Teen childbearing costs U.S. taxpayers \$9.4 billion annually.
- Teen pregnancies can have immediate and long-term negative effects for teen parents and their children, as well as create substantial social and economic costs to our society.
- Pregnancy and birth are significant contributors to high school dropout rates among girls, and their children also are more likely to have lower school achievement and drop out of high school.
- First funded in 2010, the HHS Office on Adolescent Health, dedicated to improving the health and well-being of adolescents to enable them to become healthy, productive adults, opened up new opportunities to collaborate on teen pregnancy prevention.

Challenges/Obstacles

- Despite gains, the United States has one of the highest rates of teen births of all other industrialized countries.

CDC Contributions in Teen Pregnancy Winnable Battle

By focusing on a specific set of strategies including support for access to contraception, increased uptake of the most effective types of contraception, and improving the quality of family planning services offered, teen pregnancy rates continue to decline.

Strengthen effective clinical interventions and promote the use of the most effective contraceptive methods

- In 2014, CDC, in collaboration with the Office of Population Affairs (OPA), released the Quality Family Guidelines, giving all providers access to national, evidence-based guidance on family planning service delivery, including specific recommendations for serving adolescent clients. This followed the previous development and release in 2010 of the U.S. Medical Eligibility Criteria for Contraceptive Use (US MEC) and, in 2013, the U.S. Selected Practice Recommendations for Contraceptive Use (US SPR), which together comprise comprehensive evidence-based guidance for providing reproductive health services and offering appropriate contraception to adults and adolescents.
- Developed and disseminated provider tools to support widespread understanding and use of the Medical Eligibility Criteria and Selected Practice Recommendations for Contraceptive Use, and for the QFP Guidelines. For example, worked with the American Academy of Pediatrics to develop and pilot a training course for pediatricians to ensure pediatricians have the knowledge, skills and motivation to screen adolescents for sexual activity, and to counsel them about contraception and other reproductive health matters.

- CDC, in partnership with the Office of Adolescent Health (OAH), implemented community-wide initiatives in 10 communities to reduce teen pregnancy and births in communities with the highest rates. This program has:
 - » Reached 53,428 youth with evidence-based interventions (EBIs) to prevent teen pregnancy.
 - » Provided contraceptive and reproductive health services to over 50,000 individual adolescents through 63 partner clinics.
 - » Increased long acting reversible contraception (LARC) coverage by 80% among adolescent clients served by health center partners, particularly among African American and white adolescents between 15 and 19 years of age. LARC includes intrauterine devices (IUDs) and implants.

Support health system changes to increase access to LARC

- After developing and disseminating recommendations and guidelines stating that LARC are safe and appropriate for adolescents, Teen Pregnancy Winnable Battle activities include identifying and recommending approaches for addressing health system barriers

to LARC access. CDC, in collaboration with the Association of State and Territorial Health Officials (ASTHO), worked to disseminate information and provide learning opportunities to support removing barriers to the use of LARC. Working with Centers for Medicare & Medicaid Services (CMCS) and other partners, CDC identified barriers to Medicaid payment for post-partum LARC placement, and has supported peer to peer information sharing among states to develop practices to reduce payment barriers. Improvements in contraceptive access, including LARC, were reported in a [recent study as a primary determinant of the decline in teen pregnancy](#).

Expand the evidence base on outcomes

- In January 2014, CDC initiated a systematic review to examine the body of evidence documenting observed health, economic, and social consequences of teenage pregnancy through systematic review and meta-analytic techniques. CDC met with economic experts and policy leaders (August 2014) to discuss and review the systematic review protocol. The review is expected to be completed in 2016.

State Spotlight: Gaston County, North Carolina

Gaston County, North Carolina historically has had high rates of teen birth. The average birth rate from 2006-2009 was 56.4 per 1,000 females aged 15-19 years; this was 21% higher than the state average. Ethnic and racial disparities meant the teen birth rate for Gaston minority females was 30% higher than for Gaston Caucasian females.

In 2010, CDC's Division of Reproductive Health and HHS' Office of Adolescent Health awarded funds to North Carolina (SHIFT NC) to implement the Gaston Youth Connected Program (GYC), a community-wide initiative to tackle teen pregnancy.

From 2010 through 2013, GYC worked to ensure that African Americans in Gaston County were engaged in all project components. By the end of the first year of program implementation, program success included: African Americans made up 67% of Community Mobilization Team members, 50% of Teen Action Council members, and 17% of the Core Partner Team. For participant recruitment, program partners used county maps with highlighted areas with the highest teen birth rates, resulting in 71% of participants from targeted areas and 75% African American program facilitators at the end of the first year. Of enrolled participants, 57% were African American, representing a 187% increase in participation among African American youth compared with the previous year. Responses from African American participants showed an increase in knowledge and intention related to prevention of pregnancy.

Further, a Teen Wellness Center (TWC) was created, where adolescents receive a full range of health services in one location. The number of TWC referrals from school personnel more than tripled in the first two years. The number of contraceptive clients increased 3.5%, and 18% of females who were provided contraception received long-acting reversible contraception (LARC), up from 15% in 2010.

From 2010 to 2012, Gaston County's teen pregnancy rate dropped 28%. Most importantly, for the first year on record, Gaston County's African American teen pregnancy rate was 40.4 per 1,000 15-19 year old girls, lower than the county's Caucasian teen pregnancy rate of 41.1 in 2012. The longstanding disparity between Caucasian and African American teen pregnancy rates was eliminated, drawing national attention to Gaston County's success.