



TEEN PREGNANCY



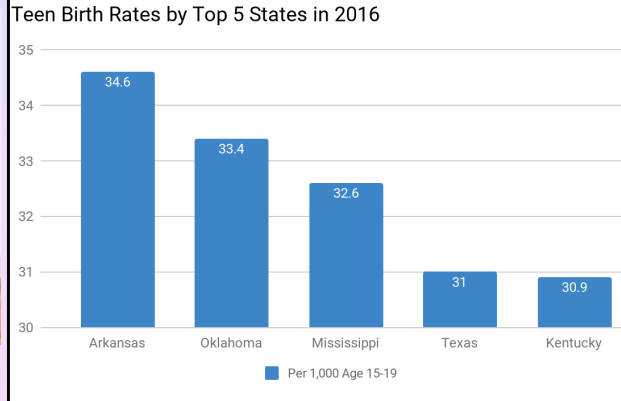
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EPIDEMIOLOGY

In 2015, more than 200,000 babies were born to women aged 15-19, a record low for teens in the United States. However, it remains substantially higher than in other western industrialized nations. The highest rates of teen pregnancy occur in the rural areas of the Southern states. Black and Hispanic teens are more than twice as likely as White teens to become pregnant. The U.S. government has identified through the Surgeon General's Healthy People 2020 the prevalence of this issue, which is also addressed in The President's Teen Pregnancy Prevention Initiative (TPPI).

RISK FACTORS

Factors that contribute to teen pregnancy include: low socioeconomic conditions, lower education, low income levels, decreased healthcare access, and being on welfare.

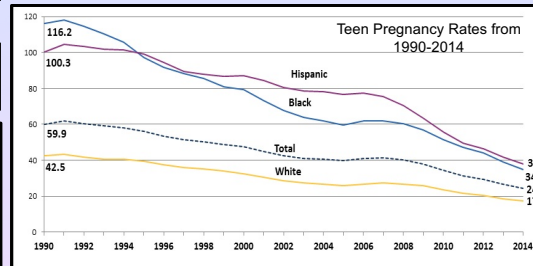


COMPLICATIONS

Teenage mothers are (a) less likely to achieve a high school diploma, (b) more likely to experience health problems, and (c) are at a higher risk of facing unemployment resulting in welfare. Pregnancy was noted as the reason by 30% of girls who drop out of school. Only 40% of teen mothers finish high school with <2% graduating college by age 30. Teenage mothers are at an increased risk of complications including (a) anemia, (b) toxemia, (c) high blood pressure, (d) placenta previa, and (e) premature birth. Even after delivery, complications continue and include (a) anxiety and depression symptoms, (b) delayed or halted education, (c) child neglect, and (d) financial troubles. Children born to teens face particular challenges being more likely to have poorer (a) educational, (b) behavioral, and (c) health outcomes. The most common complications of teen pregnancy are (a) low birth weight, (b) premature delivery, (c) jaundice, (d) respiratory distress syndrome, and (e) neonatal mortality.

PREVENTION

In 2010, TPPI launched through the Department of Health and Human Services with the goal to financially support targeted groups with high teen pregnancy rates with prevention and education. TPPI successfully established 3,800 community partnerships and trained 6,100 facilitators reaching predominantly Hispanic and Black teens ages 14 or younger. TPPI practices community wide approaches tailored to local needs. Teen pregnancy has decreased since 2010; however, prevention improvements can still be made.



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RECOMMENDATIONS

Recommendations include increasing access to contraceptives through locally and culturally oriented healthcare services, such as having condoms in school nurse and primary care offices. Mandating sexual education at the state level ensures knowledge to avoid teen pregnancy. Primary care office hours must accommodate an average teen's schedule extending hours if necessary. Organizations should visit schools to hold information sessions or doctor's offices can hold community sessions to educate on available services, prevention methods, and consequences of teen pregnancy.