

Teenage Pregnancy

Teenage birth rates in the United States rose in 2007 for the second year in a row.^{1,2} These increases follow a continuous decline between 1991 and 2005. Teenage birth rates in the United States are high, exceeding those in most developed countries.³

High teen birth rates are an important concern because teen mothers and their babies face increased risks to their health, and their opportunities to build a future are diminished.

Here are some important facts about teen pregnancy:

- More than 10 percent of all U.S. births in 2006 were to mothers under age 20.² Most teenage births (about 67 percent) are to girls ages 18 and 19.²
- The pregnancy rate for teenagers fell 40 percent between 1990 and 2005 (from 116.8 to 70.6 per 1,000).⁴ However, in 2005, about 725,000 teens ages 15 to 19 became pregnant, and about 415,000 give birth.⁴
- About 3 in 10 teenage girls become pregnant at least once before age 20.³
- The teenage birth rate increased in 2006 and 2007. Between 2005 and 2007, the rate rose 5 percent (from 41 to 42.5 per 1,000 women).¹ This increase follows a 14-year decline between 1991 and 2005, when the rate fell by one-third (from 62 to 41 per 1,000 women).^{1,2} In 2007, about 4 in 100 teenage girls had a baby.
- About 1 in 4 teen mothers under age 18 have a second baby within 2 years after the birth of their first baby.³
- Teen mothers are more likely than mothers over age 20 to give birth prematurely (before 37 completed weeks of pregnancy). Between 2003 and 2005, preterm birth rates averaged 14.5 percent for women under age 20 compared to 11.9 percent for women ages 20 to 29.⁵ Babies born prematurely face an increased risk of newborn health problems, long-term disabilities and even death.

How does a teen mother's health affect her baby?

Some teens may need to change their lifestyle to improve their chances of having a healthy baby. Eating unhealthy foods, smoking, drinking alcohol and taking drugs can increase the risk that a baby will be born with health problems, such as low birthweight (less than 5½ pounds).

Teens are more likely than women over age 25 to smoke during pregnancy. In 2004, 17 percent of pregnant teens ages 15 to 19 smoked, compared to 10 percent of pregnant women ages 25 to 34.⁶ Babies of women who smoke during pregnancy are at increased risk for premature birth, low birthweight and sudden infant death syndrome (SIDS).⁶ Women who smoke during pregnancy also have an increased risk for pregnancy complications, including placental problems.⁶

Teens are least likely of all maternal age groups to get early and regular prenatal care. From 2000 to 2002, an average 7.1 percent of mothers under age 20 received late or no prenatal care, compared to 3.7 percent for all ages.⁵

A teenage mother is at greater risk than women over age 20 for pregnancy complications, such as premature labor, anemia and high blood pressure.⁷ These risks are even greater for teens who are under 15 years old.⁷

Of 19 million new cases of sexually transmitted infections (STIs) reported each year, more than 9 million affect young people ages 15 to 24.⁸ These STIs include:

- Chlamydia, which can cause sterility in the affected individual and eye infections and pneumonia in the newborn.
- Syphilis, which can cause blindness, maternal death and infant death.
- HIV, the virus that causes AIDS. Treatment during pregnancy greatly reduces the risk of an infected mother passing HIV to her baby.

What are the health risks to babies of teen mothers?

A baby born to a teenage mother is at higher risk than a baby born to an older mother for premature birth, low birthweight, other serious health problems and death.

Babies of teenage mothers are more likely to die in the first year of life than babies of women in their twenties and thirties. The risk is highest for babies of mothers under age 15. In 2005, 16.4 out of every 1,000 babies of women under age 15 died, compared to 6.8 per 1,000 for babies of women of all ages.⁹

Teenage mothers are more likely to have a low-birthweight baby. Most low-birthweight babies are born prematurely. The earlier a baby is born, the less she is likely to weigh. In 2006, 10 percent of mothers ages 15 to 19 had a low-birthweight baby, compared to 8.3 percent for mothers of all ages.² The risk is higher for younger mothers:

- 11.7 percent of 15-year-old mothers had a low-birthweight baby in 2006; 18,403 babies were born to girls this age, with 2,153 of low birthweight.²
- 9.5 percent of 19-year-old mothers had a low-birthweight baby in 2006; 172,999 babies were born to these women, with 16,362 of low birthweight.²

Babies who are premature and low birthweight may have organs that are not fully developed. This can lead to breathing problems, such as respiratory distress syndrome, bleeding in the brain, vision loss and serious intestinal problems.

Very low-birthweight babies (less than 3 1/3 pounds) are more than 100 times as likely to die, and moderately low-birthweight babies (between 3 1/3 and 5½ pounds) are more than 5 times as likely to die, in their first year of life than normal-weight babies.²

What are other consequences of teenage pregnancy?

Life may be difficult for a teenage mother and her child. Teen mothers are more likely to drop out of high school than girls who delay childbearing. Only 40 percent of teenagers who have children before age 18 go on to graduate from high school, compared to 75 percent of teens from similar social and economic backgrounds who do not give birth until ages 20 or 21.³

With her education cut short, a teenage mother may lack job skills, making it hard for her to find and keep a job. A teenage mother may become financially dependent on her family or on public assistance. Teen mothers are more likely to live in poverty than women who delay childbearing, and more than 75 percent of all unmarried teen mothers go on welfare within 5 years of the birth of their first child.³

About 64 percent of children born to an unmarried teenage high-school dropout live in poverty, compared to 7 percent of children born to women over age 20 who are married and high school graduates.³ A child born to a teenage mother is 50 percent more likely to repeat a grade in school and is more likely to perform poorly on standardized tests and drop out before finishing high school.³

What recommendations does the March of Dimes make to guide teenage girls?

Because of the risks involved in teen pregnancy to both mother and child, the March of Dimes strongly urges teenage girls to delay childbearing. The March of Dimes also recommends that anyone who could become pregnant eat healthy foods, achieve a healthy weight and quit smoking.

The March of Dimes further recommends that all women, including teens, who could become pregnant, take a multivitamin containing folic acid every day for the teen's own health and to reduce the risk of having a baby with birth defects of the brain and spinal cord, should they become pregnant.

Teens who already are pregnant can improve their chances of having a healthy baby by:

- Getting early and regular prenatal care from a health care provider or clinic.
- Eating healthy foods.
- Stopping smoking and avoiding secondhand smoke. Smoking increases the risk for low birthweight, premature birth, pregnancy complications and SIDS.
- Stopping drinking alcohol and/or using illicit drugs. Alcohol and drug use limit fetal growth and can cause birth defects.
- Avoiding all prescription and over-the-counter drugs (including herbal preparations), unless recommended by a health care provider who is aware of the pregnancy.

References

1. Hamilton, B.E., et al. Births: Preliminary Data for 2007. National Vital Statistics Report, volume 57, number 12, March 18, 2009.
2. Martin, J.A., et al. Births: Final Data for 2006. National Vital Statistics Reports, volume 57, number 7, January 7, 2009.
3. National Campaign to Prevent Teen Pregnancy. Why It Matters. Accessed 1/12/09.
4. Ventura, S.J., et al. Estimated Pregnancy Rates by Outcome for the United States, 1990-2005: An Update. National Vital Statistics Reports, volume 58, number 4, October 14, 2009.
5. National Center for Health Statistics, final natality data.
6. Centers for Disease Control and Prevention (CDC). Preventing Smoking and Exposure to Secondhand Smoke Before, During and After Pregnancy. October 3, 2007.
7. American College of Obstetricians and Gynecologists (ACOG). Especially for Teens: Having a Baby. Patient Education Pamphlet, August 2007.
8. Centers for Disease Control and Prevention (CDC). STD Surveillance 2006. Updated 11/13/07.
9. Mathews, M.S., and MacDorman, M.F. Mortality Statistics from the 2005 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports, volume 57, number 12, revised 8/18/08.

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