

# The Child and Adolescent Psychiatrist's Role in Teen Pregnancy Prevention and Care

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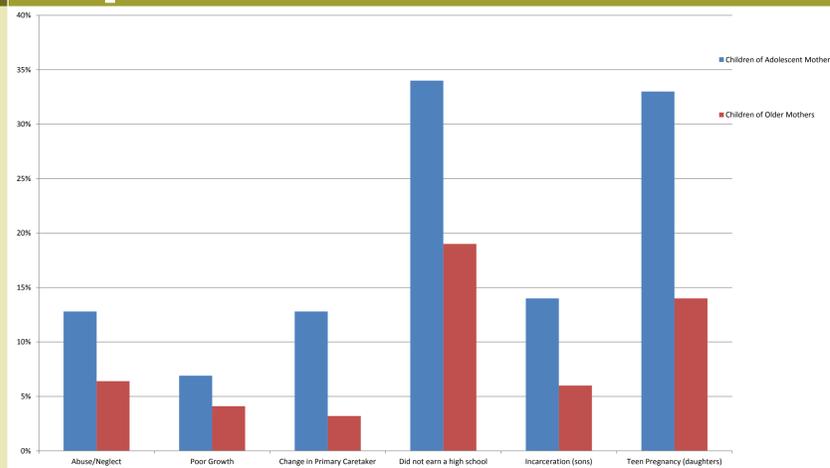
## Background

- 750,000 teens become pregnant each year. 82 percent of these pregnancies are unintended.<sup>1,2</sup>
- Teen birth rates in the United States have declined to the lowest rates in decades, yet still rank highest among developed countries. In 2012, a total of 305,388 babies were born to women aged 15–19 years, for a live birth rate of 29.4 per 1,000 women in this age group.<sup>3</sup>
- During the same year in Canada, the live birth rate was 14 per 1,000 women in the 15-19 year age group. The average live birth rate for women ages 15-19 years in Western Europe was 8.3 per 1,000 women.<sup>4</sup>

## Impact

- Teen pregnancy and childbearing bring substantial health, social, and economic costs through immediate and long-term impacts on teen parents and their children.
- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.<sup>5</sup>
- Two-thirds of young unmarried mothers are poor and around 25 percent go on welfare within three years of a child's birth.
- In 2011, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.<sup>6</sup>

## Impact on Children



## Risk Factors

- Living in poverty, limited maternal educational achievement, having a mother who gave birth before the age of 20, being from a single-parent home, living in a home with frequent family conflict, early sexual activity, early use of alcohol and drugs, and low self-esteem.<sup>9</sup>
- Ethnicity: The highest rates of teen pregnancy and childbirth are among non-Hispanic blacks, Hispanics/Latinos, and American Indians/Alaska Natives. Rates also are high among youth of all races and ethnicities who are socioeconomically disadvantaged.<sup>3</sup>
- Adolescent girls in foster care are more than twice as likely as their peers not in foster care to become pregnant by age 19. Many of those who become pregnant experience a repeat pregnancy before they reach age 19. Adolescent boys in foster care are more than twice as likely as their peers to have gotten a female pregnant.<sup>10</sup>
- Adolescent girls with major mental illness (major depressive disorder, bipolar disorder, or a psychotic disorder) diagnosed before pregnancy are three times more likely than adolescent girls without major mental illness to become a teenage parent.<sup>11</sup>

## Special Concerns

- limited education/health literacy may result in lack of knowledge of the health needs and complications during pregnancy, delivery or postpartum period
- change or loss of support systems (school, family, peers)
- navigating fragmented community resources
- cycle of poverty
- laws addressing minors' access to abortion services are often quite restrictive
- providers' attitudes- reluctance of providers to communicate and interact with adolescents, to discuss issues related to sexuality
- intimate partner violence—pregnant adolescents are more likely to be victims of violence than older women; an estimated 7% to 26% experience violence during pregnancy.<sup>12</sup>
- providers' attitudes—reluctance of providers to communicate and interact with adolescents, to discuss issues related to sexuality

## CAP's Role

- Ask your adolescent patients about their past and current sexual and reproductive history, including thoughts, personal values, and attitudes about relationships, sex, contraception, abstinence, pregnancy, parenthood
- Collaborate with pediatricians/primary care providers/family physicians/obstetrician-gynecologists on ensuring the adolescent has reproductive health knowledge
- If pregnancy occurs, teenagers and their families deserve honest and sensitive counseling about options available to them, from abortion to adoption. Special support systems, including consultation with a child and adolescent psychiatrist when needed, should be available to help the teenager throughout the pregnancy, the birth, and the decision about whether to keep the infant or give it up for adoption. There may be times when the pregnant teenager's emotional reactions and mental state will require referral to a qualified mental health professional.
- In addition to referral for medical services, case management, classes in family life and sexual education, and clinics/programs providing accurate reproductive information and birth control to adolescents, adolescents also need to be able to envision a positive future for themselves; one in which education, employment, and healthy relationships are possible.
- Explore relationships, perceptions of peer norms and sexual behavior
- Help guide parents/caregivers in communicating with the adolescent about relationships, sexuality, sex, contraception, and pregnancy.
- Identifying unsafe situations and behaviors.
- Support continuity of quality adult relationships (family, care providers, teachers, coaches, mentors, etc) and youth's education/vocational skills/career
- Child and Adolescent psychiatrists may provide consultation to school-based teenage pregnancy programs

## Future Directions

- Greater integration of reproductive health care into adolescent mental health care programs
- More research on impact of teenage pregnancy and parenthood on mental health

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