Young Motherhood in Wisconsin

The federal Administration for Children and Families provides funding for the Personal Responsibility Education Program (PREP). The goal of PREP is to prepare teens for adulthood by offering programs with proven positive outcomes in counties with high teen birth rates.

### Background

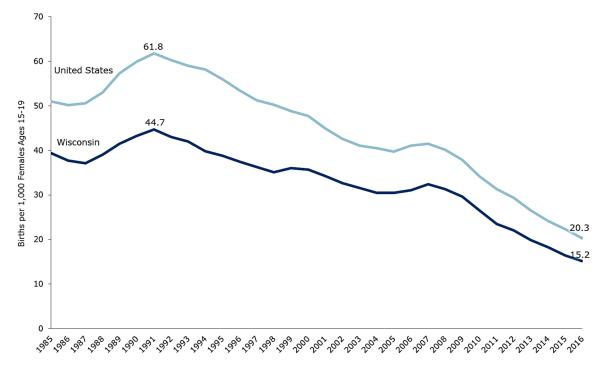
Becoming a parent before the age of 20 can have long-term impacts on the health and well-being of both parents and their children. Though the U.S. teen birth rate is decreasing, it is still much higher than in other industrialized nations. In Wisconsin, the birth rate for women aged 15–19 is lower than the national rate, but more work can be done to delay parenthood and support pregnant and parenting young people.

### **Birth Rate**

The birth rate among Wisconsin's 15- to 19-year-olds is declining. Since 1990, it has decreased by 65%.

The 2016 Wisconsin teen birth rate was 15.2 births per 1,000 females ages 15 to 19, compared to the national rate of 20.3.

Teen Birth Rates, Wisconsin and United States, 1985–2016



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#### **Key Data Sources**

The CDC Pregnancy Risk Assessment Monitoring System (PRAMS) surveys mothers about three to six months after delivery to collect state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.

PRAMS can provide insights into the experiences and needs of young mothers, defined here as mothers under age 20. Unless otherwise noted, combined PRAMS data from the years 2012–2015 is used in this report.

Birth certificate data can also be used to gain insights on maternal experiences and health behaviors.

### **Unintended Pregnancy**

**Sixty-two percent** of mothers under age 20 had an unintended pregnancy, meaning that they reported wanting to be pregnant later or never. An additional 22% reported that they were not sure about their pregnancy intention.



**Eighty-four percent** of mothers under age 20 reported that they were not trying to get pregnant when they conceived their child. However, approximately **51%** of these mothers were not using any form of contraception when they became pregnant.

## Most common reported reasons for not using any form of contraception include:

- They thought they couldn't get pregnant at the time.
- They didn't mind if they got pregnant.
- Their partner did not want to use anything.

After pregnancy, contraceptive use increased, with **79%** of young mothers using some form of birth control at the time of the survey.

#### Recommendations

These responses suggest that trusted adults can do more to correct myths and support understanding of reproductive function among young people. Young people need knowledge in order to make healthy decisions for themselves.

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These adults, including parents and providers, can provide information and help young people make active decisions about becoming a parent. One way to do this is by asking young people about their plans to have a family now or in the future. If youth do not intend to become parents in the near future, this conversation could help them decide to be abstinent or use contraception.

Adults can encourage healthy behavior and relationship norms. These include respecting a partner's wishes to be abstinent and using contraception every time if sexually active.

#### **Prenatal Care**

Early connection to prenatal care results in better health outcomes for mother and baby. Prenatal care is an area in which young parents could be better supported. Vital records data between 2012 and 2015 indicate<sup>1</sup> **39%** of mothers under age 20 did not get prenatal care in the first trimester. Only **20%** of mothers age 20 and over did not get prenatal care in the first trimester.

According to PRAMS, **37%** of young mothers did not get prenatal care as early as they wanted it.

## Most common reasons for not getting prenatal care as early as desired:

- They did not know they were pregnant.
- They needed to keep the pregnancy a secret.

#### Recommendations

Service providers, parents, and other supportive adults can help connect young people to care. Home visiting services can provide support through pregnancy and after the baby is born. Some of these programs, like Nurse-Family Partnership, are designed to assist first-time and young parents. Group prenatal care can add a component of social support. Counselors, educators, parents, service providers, health care professionals, and all others who work with young people can strive to be open and avoid judgment. Having a relationship with at least one trusted adult can make it more likely that young people reach out for help if they need it.

<sup>&</sup>lt;sup>1</sup> Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Prenatal Care Module, accessed 4/30/2018.

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**Program Contact:** DHSAdHealth@wi.gov

#### **Health Behaviors**

Certain behaviors can significantly impact the health of mothers and their babies. In general, Wisconsin young mothers surveyed in 2012-2015 reported positive health behaviors.



More than 8 in 10 always put their babies to sleep on their backs, a number comparable to mothers aged 20 and older.

Almost 9 in 10 report that they have had a for themselves, comparable to mothers



postpartum visit aged 20 and older.



#### **Eighty-five percent** of young

mothers have ever breastfed their child. Breastfeeding has a number of health benefits for mother and baby. Despite the many demands and challenges teenage parents face, a large number of these young mothers report having ever breastfed.

Only 4% drank alcohol in the last trimester of their pregnancy. This is a statistically significant difference from 8% of mothers aged 20 and over who reported drinking.





Seventeen percent<sup>2</sup> of young mothers reported using tobacco during their pregnancy, compared with only 13% of mothers aged 20 and over. Smoking results in serious health risks to mothers and babies, and preventing tobacco use during pregnancy for people of all ages is a public health goal.

### Further Resources

Department of Public Instruction's In School Pregnant/Parenting Interventions, Resources, and Education (InSPIRE) Department of Health Services Adolescent Health Program

<sup>&</sup>lt;sup>2</sup> Wisconsin Deptartment of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Birth Counts Module, accessed 4/30/2018.

