May is National Teen Pregnancy Prevention Month. During National Teen Pregnancy Prevention Month, celebrated each May, the nation turns its attention to teen pregnancy prevention and the great strides that have been made over the last 20 years. While there have been advances in reducing teen pregnancy, progress is still needed to close racial/ethnic and geographic disparities in teen birth rates in the United States. Although the teen birth rate is at a historic low, the United States has one of the highest rates in the industrialized world, with birth rates higher among American Indian/Alaska Natives and non-Hispanic blacks than among their non-Hispanic white counterparts.¹



Why Prevention is Important

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. For example, teen childbearing in the United States cost taxpayers (federal, state, and local) at least \$9.4 billion in 2010 due to increased health care and foster care, and lost tax revenue because of lower educational attainment and income among teen mothers. Additionally, 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, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.

How to Get Involved

<u>Teen pregnancy prevention</u> is one of the Centers for Disease Control and Prevention's (CDC) top seven priorities or "<u>Winnable Battles</u>" in public health. CDC encourages prevention partners, schools, and other youth serving organizations to amplify teen pregnancy prevention efforts through a variety of mediums and efforts.

- Clinicians and healthcare providers can learn more about the tools and resources for serving teens, as well as detailed sexually transmitted disease (STD) guidance and HIV prevention.
- For additional information and ideas, access the Office of Adolescent Heath (OAH) National Teen
 Pregnancy Prevention Month Supporter Toolkit(link is external) or the Administration for Children &
 Families, Family and Youth Services Bureau(link is external) for more ways partners can get
 involved.

NPIN Community

Community-level interventions that address the social conditions associated with high teen birth rates might further reduce racial/ethnic and geographic teen birth disparities in the United States. We encourage you to register for the NPIN Community and share your prevention activities, challenges, and best practices with partners across the country and in your service area.

- ¹ CDC. http://www.cdc.gov/teenpregnancy/about/index.htm
- ² The National Campaign. http://thenationalcampaign.org/why-it-matters/public-cost (link is external

These are the terrifying consequences pregnant teens face

It's no secret that being a teen mom is hard. But have you ever thought about how teenage motherhood could negatively affect your life for years to come? Not only are there social consequences (it's hard to hang out with your friends when a baby needs your constant attention), teen moms are also at higher risk for health complications, financial struggles, and even substance abuse.

So, what are some of the most terrifying consequences of being a teen mom? Here are the top five:

1. Teen moms are at a higher risk for complications during pregnancy and birth.

While women can get pregnant as soon as they start menstruating, their bodies are still not fully developed for some years, which means a pregnancy in your teen years could lead to difficult labor. Not only that, but teenagers are less likely to seek adequate medical care during pregnancy and are more likely to use drugs or alcohol while pregnant. That's why teen mothers are more likely to give birth prematurely or to have babies with low weight or

anemia (low iron levels). They also have a much higher rate of infant mortality. If you do get pregnant and decide to have the baby, make sure you are diligent about doctor visits, prenatal vitamins, and parenting classes to reduce your risk of an unhealthy pregnancy, birth, and postpartum.

2. Teenage birth might cause you to drop out of school.

High school is hard enough as it is. Add being pregnant into the mix, and chances are you're not going to finish out the school year. Even if you want to go back to school after having the baby, the truth is, babies are a lot of work—they consume your entire life. It will be much harder to pass that history test when you've gotten only three hours of sleep every night for the past week. In fact, only one-third of teenage moms get their high school diploma. The effect of this will be felt well into your future.

3. Teenage mothers have poorer job prospects and make less money than their peers.

Remember that high school diploma you never got? Once you pull your head above water postpartum and think about going to work (children are *very* expensive, after all), you'll have a tough time getting a well-paying job without an education. Teenage births are associated with lower annual income for the mother, and <u>80 percent of teenage moms</u> must rely on welfare at some point.

4. Being a teen mom may affect your baby's development.

Teenagers have a lot to juggle already—between school, homework, relationships with friends and family, and after-school sports or other activities—having a baby just doesn't fit into this equation easily. Teen moms may not have enough time to give their baby the undivided attention that it needs early on in life. This may lead to increased neglect of the baby, which could ultimately affect the development of your child. Delays in intellectual and motor development, and ongoing medical and behavioral issues are more common in babies born to teen mothers.

Teenage pregnancies are associated with increased rates of substance abuse and depression.

Postpartum depression is very real, and it occurs more frequently among teenage mothers. This may be because the emotional and financial struggles are more severe for teen moms. Friends and family may react negatively to your pregnancy, making it difficult to maintain

relationships with your loved ones. So much of your time and energy will be devoted to your new baby, that you may grow frustrated with your lack of freedom to live a normal teenage life. With depression comes an increased risk of turning to drugs or alcohol for escape.

This article is for informational purposes only. If you have any concerns about your birth control method or think you may be pregnant, please speak with your doctor.

ACR Health is committed to providing comprehensive, evidence-based sexual health education for teenagers. For more information, call or text 315-415-6041 or visit https://www.acrhealth.org/youth-programs/adolescent-sexual-health-programming/.

Why are low-income teens more likely to get pregnant?

The U.S. birth rate for teenage women aged 15 to 19 is at an all-time low. According to the CDC, the number of teens giving birth has dropped 8 percent since 2014.

But, the U.S. teen pregnancy rate is *still* significantly higher than in other western industrialized nations, especially in upstate New York. Syracuse and Onondaga County have a significant teen pregnancy problem. Teen pregnancy rates per 1,000 are some of the highest in upstate New York. <u>Studies</u> show that unfavorable socioeconomic conditions, low-income, and poor education are partially to blame.

What does economic status have to do with sexual health?

Some <u>researchers</u> suggest teen childbearing is so high in the U.S. because young women "choose nonmarital motherhood at a young age instead of investing in their own economic progress because they feel they have little chance of advancement."

Other sources, like the <u>CDC</u>, say things like poor education, few opportunities for "positive youth involvement," and being in the child welfare system all increase a teen's risk of pregnancy. In fact, young women living in foster care are <u>twice as likely</u> to become pregnant than those not in foster care, in most cases as the result of abuse and neglect.

Lastly, the parent's education levels also play a role in the risk of teenagers becoming pregnant. According to <u>one study</u>, "young women whose parents have more than a high school education, who live with both parents, and who attend church delay the timing of first sexual intercourse and are more likely to use a contraceptive." Teenagers who have undergone changes in family structure are at an increased risk of having a child between the ages of 15 to 19.

How can teens take action?

If you're sexually active (or planning on becoming sexually active), talk with your health care provider about birth control options. Many health clinics provide free or low-cost counseling and reproductive health services, including birth control, for teens (it's required by law! Check out the Title X family planning page for more information).

Without any kind of protection, couples who regularly have sex have an 85 percent chance of getting pregnant within a year. Explore different methods of birth control, effectiveness of each one, and how to properly use them. The <u>CDC</u> says it best, "The best birth control for you is the one you use the correct way, each and every time you have sex!"

How can parents help their teen make healthy choices about sex?

There are steps you, the parent, can take to help your teen prevent pregnancy. This might be an uncomfortable topic, but you play a powerful role in providing your child with information about reproductive health, birth control, and healthy relationships.

Research shows that teens who talk with their parents about sex, relationships, birth control, and pregnancy use birth control more often and have better communication with their sexual partners. The CDC offers multiple resources full of information and tips to help you talk with your teen about sex, birth control, relationships, pregnancy, and other related topics.

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What teens need to know about long-acting reversible contraceptives

When it comes to sexually active teenagers, there's good news and bad news. The good news? Nearly 90 percent of teens ages 15 to 19 report using birth control the last time they had sex. The bad news? Less than 5 percent of those teens used the **most effective** type of birth control.

According to the <u>CDC</u>, most teens use birth control pills and condoms; methods which are less effective at preventing pregnancy when not used properly. While no birth control is 100 percent effective, long-acting reversible contraceptives (LARC) are pretty dang close—less than one out of 100 women get pregnant each year with this choice. On the flip side, nine out of 100 birth control pill users get pregnant each year, while 18 out of 100 condom-only users conceive a

child each year. Blame it on user error—every time you forget to take a pill or your partner puts a condom on wrong, your chance of getting pregnant skyrockets.

That's where LARC comes into play. These "set it and forget it" methods of birth control consist of implants and IUDs. You go to your doctor, have the birth control inserted in your body, and boom! You're protected for the next three to 12 years, depending on the type of LARC you chose.

Implants and IUDs are just as effective as getting your tubes tied or having a vasectomy. There's no daily pill to take, no action required before having intercourse, and a very low rate of complication. And the best part? Once you ARE ready to have children, you go to your doctor, have the birth control removed. It's that easy.

The American College of Obstetricians and Gynecologists (ACOG) recommends LARC methods as the safest, most effective birth control for teens. The <u>ACOG recently published</u> the following statement: "Long-acting reversible contraceptives (LARC) have higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives among adolescents who choose to use them. Complications of intrauterine devices and contraceptive implants are rare and differ little between adolescents and women, which makes these methods safe for adolescents."

What's the difference between implants and IUDs?

The **birth control implant** is a tiny, matchstick-sized plastic rod that's placed under the skin of the upper arm. According to the <u>Mayo Clinic</u>, "it releases a low, steady dose of a progestational hormone to thicken cervical mucus and thin the lining of the uterus (endometrium). Contraceptive implants typically suppress ovulation as well."

Nexplanon (the other name for the implant) lasts for up to five years but can be removed at any time. The hormones in the implant prevent pregnancy in two ways. According to Planned
Parenthood, "Progestin thickens the mucus on your cervix, which stops sperm from swimming through to your egg. When sperm can't meet up with an egg, pregnancy can't happen. Progestin can also stop eggs from leaving your ovaries (called ovulation), so there's no egg to fertilize. When eggs aren't released, you can't get pregnant."

An **IUD** (or Intrauterine Device) is a small piece of flexible, T-shaped plastic that's placed inside of your uterus. There are two kinds of IUDs: copper IUDs (ParaGard) and hormonal IUDs (Mirena, Kyleena, Liletta, and Skyla). Both the copper and hormonal IUDs work by changing the way sperm cells move so they can't get to an egg, <u>Planned Parenthood</u> says. If sperm can't get to the egg, you can't get pregnant.

ParaGard contains no hormones, which is an appealing factor to many women. The copper creates a toxic environment for sperm and is proven effective for up to 12 years. The downside? It's known for making periods heavier than usual.

Hormonal IUDs work similarly to the implant: they thicken the cervical mucus to block sperm and stop your body from ovulating. Depending on the type of hormonal IUD you choose, you're protected from pregnancy for three to seven years.

Neither the implant or IUDs protect from sexually transmitted diseases, so always use a condom to protect yourself against infection.

What's the first step?

Have an open and honest conversation with your parents and your doctor to find out if a LARC method is right for you.

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Answers to the questions you're too scared to ask about sex

Let's talk about sex. That squeamish subject that you just can't bring yourself to talk about with your mom or dad, or counselor, or teacher, or any adult in your life, really. Because maybe you're just curious, and maybe you think you're not ready yet, but you'd like to know more. It's never too early to start learning how to practice safe sex for when the right moment, and the right person, comes along.

So here are some of your most pressing sex questions, answered:

Where can I get condoms?

Condoms are the least invasive and most readily available form of contraception. You can even get them for free at Planned Parenthood and many other health centers. Or, you can purchase them pretty much anywhere—drugstores, supermarkets, even convenience stores. Some stores may keep them in a locked case, so you'll have to ask an employee to open it for you. However, this doesn't mean you need a prescription, and there's no age restriction—anybody can buy condoms.

How do I put on a condom?

We'll let our friends at ACR Health take that one...

What about other forms of birth control?

There are many types of birth control on the market today. You may have heard of IUDs—these are hormonal or copper intrauterine devices, which are inserted into your cervix and retain effectiveness for 13-21 years. *link to article on IUDS?* There's also a hormonal implant you can get in your arm, the vaginal ring which needs to be replaced every month, or the pill, taken once daily. All of these forms of contraception have varying rates of effectiveness, price, effort required, and longevity. Talk to your doctor or head into a Planned Parenthood to discuss your options and find the right fit for you and your partner.

How can I prevent STDs?

Condoms are the only form of contraception that prevents the spread of sexually transmitted diseases or sexually transmitted infections. That being said, they are not 100 percent effective. Avoid having sex with anyone who has genital sores, rash, or discharge. If, and only if, you are using another form of birth control, you can have safe, unprotected (sans condom) sex with your partner if both of you are only engaging in sexual acts with each other, and if it has been six months since you both tested negative for STDs.

What should we do if the condom breaks?

Even when being vigilant about contraception, there are times when it may fail, such as a broken condom. For those situations, there's Plan B, also known as the morning after pill. This single pill should be taken as soon as possible after unprotected sex, though it can retain its effectiveness by up to 89 percent when taken within 72 hours. In fact, you can take it up to five days after unprotected sex, though it loses effectiveness over time. It should not be taken as your primary form of birth control. Think of it as a backup in case of emergency.

Where can I get Plan B?

Luckily, you don't need a prescription for the morning-after pill. You can get it over the counter at any pharmacy, though you will have to pay out of pocket. Plan B is actually the name of a popular brand of Levonorgestrel, the hormone contained in the pill that works to prevent the fertilization of an egg. This brand will run you about \$40-\$50. Other brands, like Take Action and My Way, are a bit cheaper, costing about \$15-\$45. You may also be able to get the

morning-after pill for free or low cost from Planned Parenthood or your local health department.

How long does it take to get pregnant after sex?

The female body stores sperm for about 48 hours after sex. Despite that, doctors say you could potentially get pregnant up to four days after intercourse. Generally speaking, if you are ovulating, conception probably takes place within 48 hours.

How do I know if I'm pregnant?

The easiest way is to take an over-the-counter pregnancy test. The first sign for most women is a missed or late period. Other symptoms include cramping, sore breasts, nausea, exhaustion, loss of appetite, and frequent urination. You can take a pregnancy test as early as two weeks after unprotected sex, though these results may be unreliable. It's best to wait until one week after your missed period for a definite read.

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