

FACT SHEET



FSU Center for Prevention & Early Intervention Policy

Subsequent Pregnancies and Births Among Adolescent Mothers

The most important factor in preventing subsequent pregnancies may be the strength of the relationship between the teenage mother and the individual working with her. *

REFERENCES

Santelli, J.S., & Jacobson, M.S. (1990). Birth weight outcomes for repeat teenage pregnancy. *Journal of Adolescent Health Care, 11*, 240-247.

Kalmuss, D.S., & Namerow, P.B. (1994). Subsequent childbearing among teenage mothers: The determinants of a closely spaced second birth. *Family Planning Perspectives, 26*(4), 149-153, 159.

Stevens-Simon, C., Parsons, J. & Montgomery, C. (1986). What is the relationship between postpartum withdrawal from school and repeat pregnancy among adolescent mothers? *Journal of Adolescent Health Care, 7*, 191-194.

Kalmuss, D.S., & Namerow, P.B. (1994). Subsequent childbearing among teenage mothers: The determinants of a closely spaced second birth. *Family Planning Perspectives, 26*(4), 149-153, 159.

East, P.L., & Felice, M.E. (1996). Adolescent pregnancy and parenting: Findings from a racially diverse sample. *Research Monographs in Adolescence*. Mahwah, NJ: Lawrence Erlbaum Associates.

Santelli, J.S., & Jacobson, M.S. (1990). Birth weight outcomes for repeat teenage pregnancies. *Journal of Adolescent Health Care, 11*, 240-247.

RESEARCH

The likelihood that a teen mother will finish high school, break the cycle of welfare dependency, and rise above her social standing, all diminish rapidly with the arrival of each succeeding infant. *

One study indicated that 24% of all teenage mothers had a second birth within two years of their first. Nearly 31% of those whose first birth occurred at age 16 or younger had a closely spaced second birth.

Young women who quit school after giving birth experience subsequent pregnancies much sooner than those who return to school following delivery.

In terms of education, those who continue their schooling after a first teenage birth are less likely to have a rapid second birth than those who do not. This effect is independent of educational attainment at first birth.

Risk factors correlated with a second adolescent pregnancy within 18 months of a first birth include: 1) not returning to school within six months; 2) marriage or cohabitation with a male partner; and 3) the infant's grandmother being the primary child care provider.

Teenage mothers are significantly more likely to delay seeking prenatal care for the second pregnancy compared to teenage mothers who delay their second pregnancy until adulthood.

Teenage mothers who have subsequent births in their teenage years have higher rates of low birth weight and very low birth weight babies when compared to the births of teenage mothers who do not have a subsequent pregnancy until they are older.

REFERENCES

Pfitzner, M. A., Hoff, C., & McElligott, K. (2003). Predictors of repeat pregnancy in a program for pregnant teens. *Journal of Pediatric and Adolescent Gynecology*, 16, 77-81.

Kalmuss, D.S., & Namerow, P.B. (1994). Subsequent childbearing among teenage mothers: The determinants of a closely spaced second birth. *Family Planning Perspectives*, 26(4), 149-153, 159.

Klerman, L.V. (2004). *Another chance: Preventing additional births to teen mothers*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Honig, A.S., & Morin, C. (2001). When should programs for teen parents and babies begin? Longitudinal evaluation of a teen parents and babies program. *The Journal of Primary Prevention*, 21(4), 447-454.

Klerman, L.V., Baker, B.A., & Howard, G. (2003). Second births among teenage mothers: Program results and statistical methods. *Journal of Adolescent Health*, 32, 452-455.

Stevens-Simon, C., Kelly, L., & Kulick, R. (2001). A village would be nice...It takes a long-acting contraceptive to prevent repeat adolescent pregnancies. *American Journal of Preventive Medicine*, 21(1), 60-65.

East, P.L., & Felice, M.E. (1996). Adolescent pregnancy and parenting: Findings from a racially diverse sample. *Research Monographs in Adolescence*. Mahwah, NJ: Lawrence Erlbaum Associates.

RESEARCH

Data from a study of 1,838 pregnant and parenting teens over a 15 year period indicated that teens who had serious mental health problems, were married or living with the baby's father, or whose first pregnancy ended in a miscarriage or abortion were more like to have a subsequent birth.

Teenage mothers who have a rapid second birth have substantially poorer socioeconomic and familial outcomes than do those who delay subsequent childbearing.

Although the risk factors for first and second births are similar, the services needed to prevent the second births are likely to be different. Focusing more attention on teenagers who have already had one birth provides another opportunity to reduce the rate of teen births.

Entry into a program for teen parents and their babies during pregnancy significantly reduced the rate of second pregnancies for high-risk mothers. Further, initiation of home visits (as a part of the program) prior to the birth of the infant was associated with a lower rate of subsequent childbearing.

A home visiting program begun before the birth of the first child to an adolescent mother and continued for 24 months after delivery was shown to be successful in delaying subsequent births.

In a study of 373 adolescent mothers, the preferred method of contraception to prevent subsequent pregnancies during the two years after the birth of the first child was a long acting hormonal contraceptive.

When the primary caregiver of a child born to a teen mother is that child's grandmother, the likelihood that the teen mother will experience a subsequent birth during adolescence is increased. This may be due to the teen mother's release from the responsibilities and challenges of parenthood. It is the active role of parenting that often provides incentive for young mothers to contracept or abstain from sexual activity.

Parenting teens' access to contraceptive services, in and of itself, does not decrease subsequent birth rates during adolescence. These rates are reduced, however, when access is combined with defined educational goals and support provided by schools and programs.

*Klerman, L. V. (2004). *Another chance: Preventing additional births to teen mothers*. Washington, DC: National Campaign to Prevent Teen Pregnancy.