

Trends in Teen Birth Rates: Wyoming

Maternal and
Child Health



Why Examine Trends in Teen Birth Rates?

Reducing teen birth rates is a priority of the Public Health Division, part of the Wyoming Department of Health. While the overall teen birth rate in the US has been declining, the US has the highest rate of teen birth among industrialized countries.¹ Wyoming's teen birth rate has been higher than the national rate for several years. Teen births can have negative impacts on both the mother and child and represent a substantial cost to the state.

Impact of Teen Births on Mothers

- ◆ Only 50% of teen mothers receive a high school diploma by age 22.²
- ◆ Less than 2% earn a bachelor's degree by age 30.³
- ◆ Teen moms are more likely to have postpartum depression.⁴

Impact of Teen Births on Babies⁵

- ◆ More likely to be low birth weight
- ◆ More likely to die in infancy
- ◆ More likely to repeat a grade
- ◆ Higher rates of foster care
- ◆ More likely to be a teen mother

Costs of Teen Births

In Wyoming, teen births cost \$23 million annually. Teen mothers and their children often access public assistance programs, including: Medicaid, CHIP, TANF, SNAP, and Child Welfare. The sons of teen mothers are incarcerated twice as often as the sons of adult women and typically have longer prison terms. Higher rates of incarceration, low educational attainment, and higher rates of teen births all contribute to decreased tax revenues from those born to teen mothers. These cost estimates imply substantial savings from reduced birth rates among teens.³

Teen Birth Trends

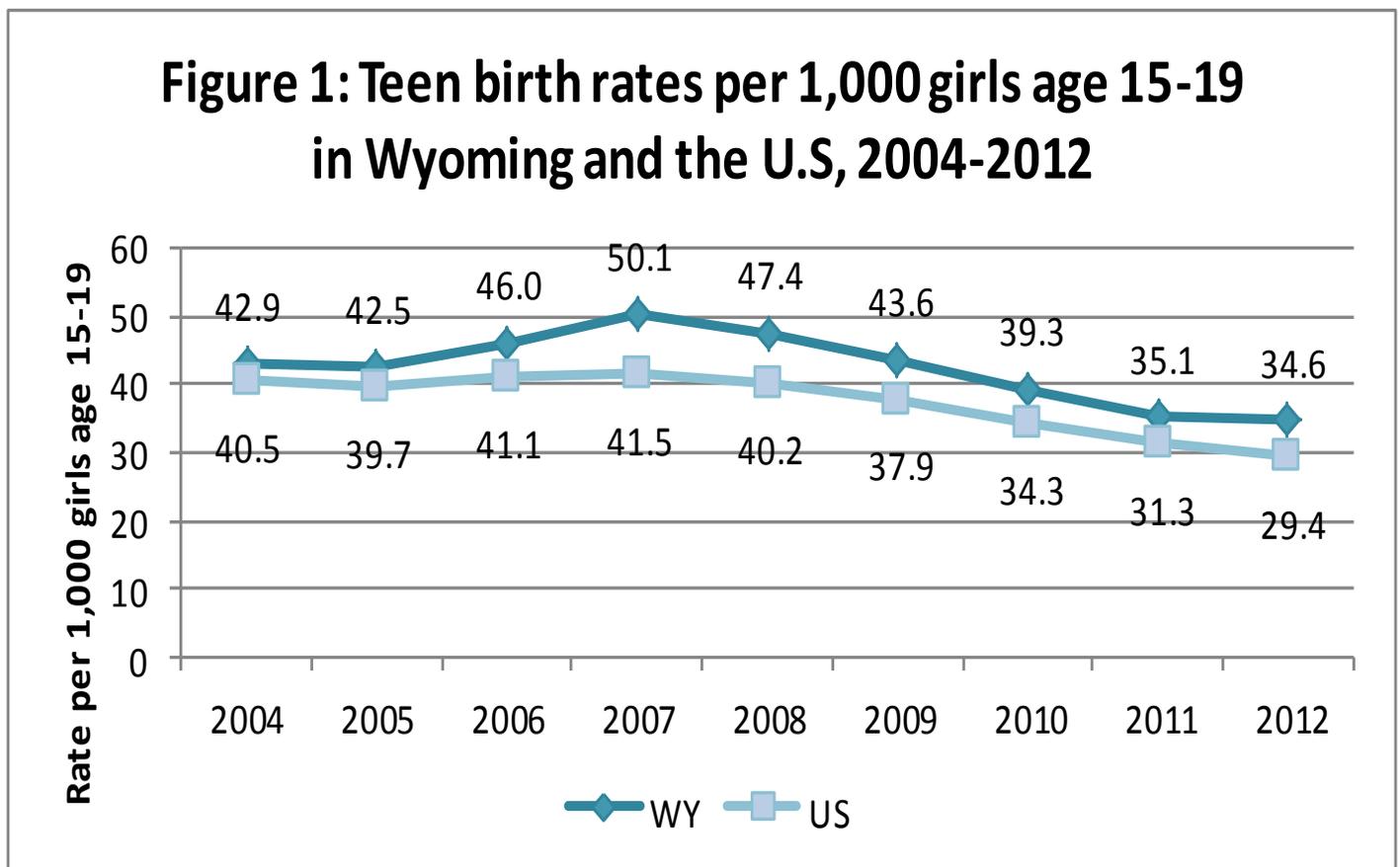
In 2012, the national rate of teen births was 29.4 births per 1,000 girls age 15-19 compared to the Wyoming rate of 34.6 births per 1,000 girls age 15-19 years. In the 2000s, teen birth rates increased to a peak in 2007 before declining again, a trend observed both nationally and in Wyoming. While teen birth rates are declining overall, the teen birth rate is not declining as quickly in Wyoming compared to the national teen birth rate of decline.

Marriage Rates among Teen Mothers

15.8% of Wyoming teen mothers were married when they gave birth. A greater proportion of 18-19 year olds were married (18.6%) than 15-17 year olds (5.7%) when they gave birth. The proportion of teen mothers who are married is significantly lower than adult mothers. Among Wyoming women age 25-30, 76.7% were married when they give birth.

Twins and Higher Order Births

About 1.5% of teen births in Wyoming are plural births meaning twins or greater. This is similar to the 2.0% of births that are plural to adults age 25-30 years old in Wyoming.

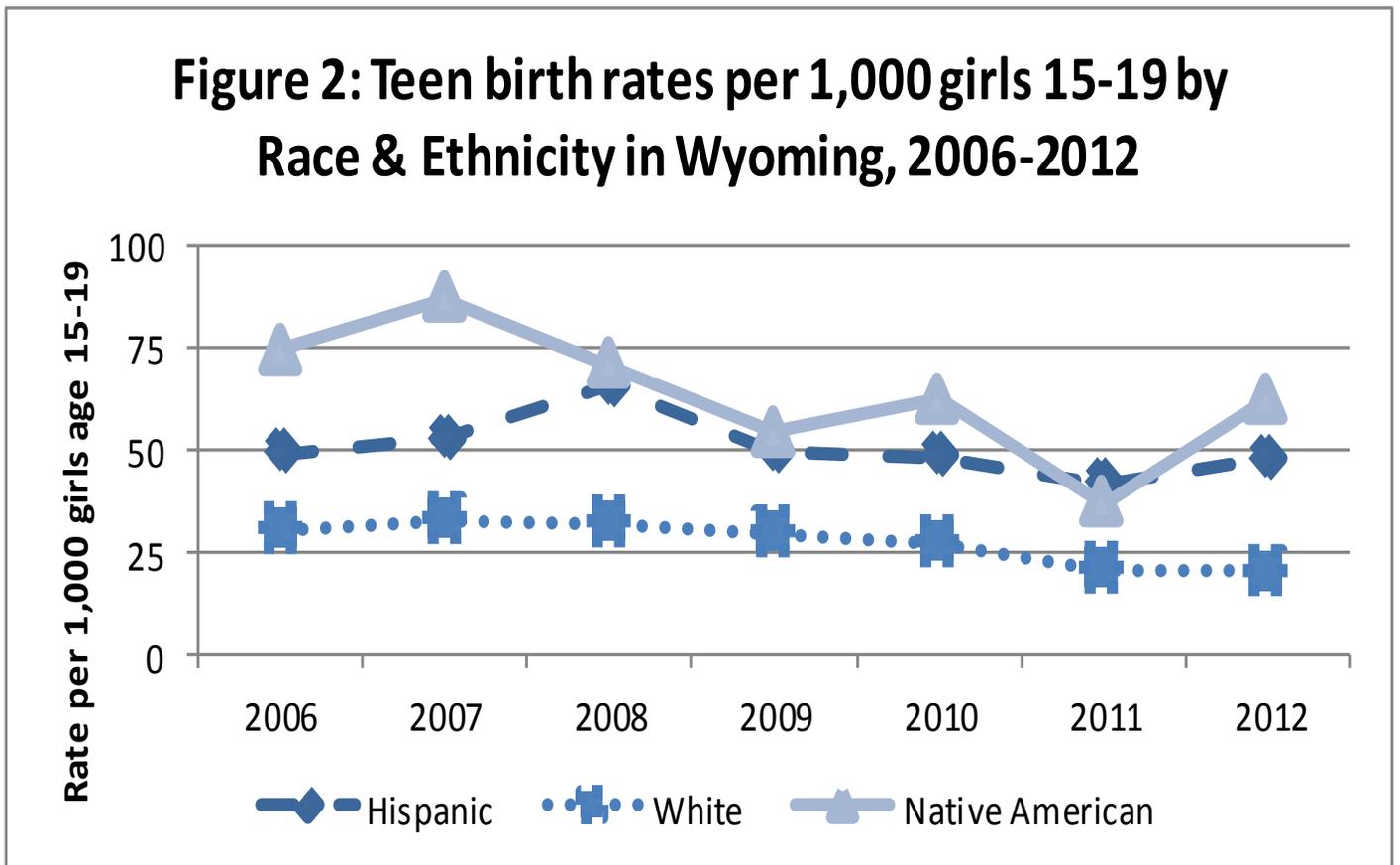


Race and Ethnicity and Teen Births

The teen birth rate in Wyoming varies significantly when broken out by race and ethnicity of the mother. Among white teens, the birth rate was 30.5 per 1,000 girls age 15-19 in 2006, increased slightly in 2007 and 2008, and then decreased until it reached 20.4 in 2012 (Figure 2). In 2006, the birth rate among Hispanic teens age 15-19 was 49.0 per 1,000 girls and then increased to 65.5 in 2008 before dropping to 41.7 in 2011; the rate rose again to 47.7 per 1,000 girls 15-19 in 2012. Among Native American teens, the teen birth rate was 74.3 per 1,000 girls age 15-19 in 2006, which then rose to a peak of 86.6 in 2008. The Native American teen birth rate in Wyoming has fluctuated; In 2012 this rate was 62.2 births per 1,000 girls 15-19, an almost two-fold increase from 2011 (36.8 births per 1,000 girls 15-19). The small population in Wyoming contributes to the wide fluctuation in teen birth rates from year to year. However, even controlling for this, there are clear disparities in the teen birth rate in Wyoming by race and ethnicity.

Intentionality and Repeat Teen Births

Among Wyoming teens, 28.2% reported that their pregnancy was intended; and 18.3% of Wyoming teen births are to a mother who already has at least one child.



Wyoming Teen Birth Trends by County Density

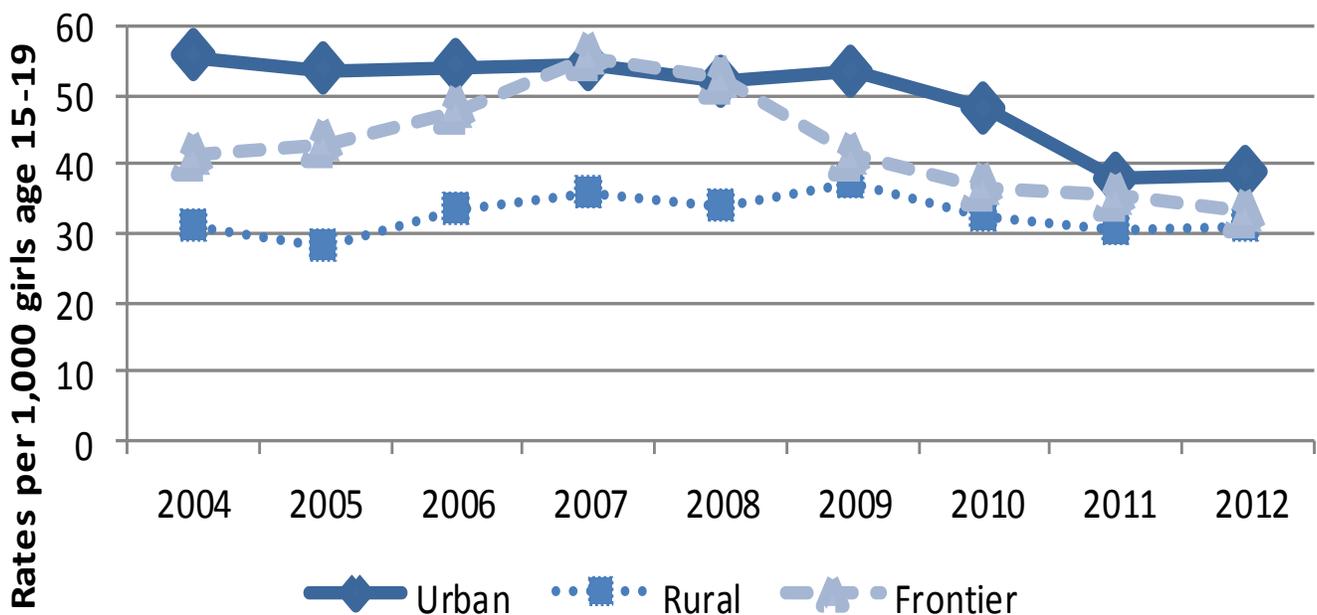
Teen birth rates in Wyoming vary significantly by county population density, as shown in Figure 3. Teen birth rates in urban and frontier counties are consistently higher than rates in rural counties. While frontier and urban birth rates have dropped significantly since 2008, rural birth rates have declined more slowly.

The gap in teen birth rates among urban, rural, and frontier teens has narrowed in Wyoming. Rural teens have 20.5 births per 1,000 girls age 15-17; urban teens have 19.4 births per 1,000 girls aged 15-17 years. The rural-urban difference in teen birth rates is greater among older teens (age 18-19) with 74.7 births per 1,000 teens in rural areas and 58.2 births per 1,000 in urban areas.

Greater decreases in urban teen birth rates compared to rural and frontier areas of Wyoming highlight issues in rural areas such as poor transportation access, weak informational infrastructure, limited availability of reproductive services, confidentiality, and inadequate insurance that are continual challenges for rural women.⁶



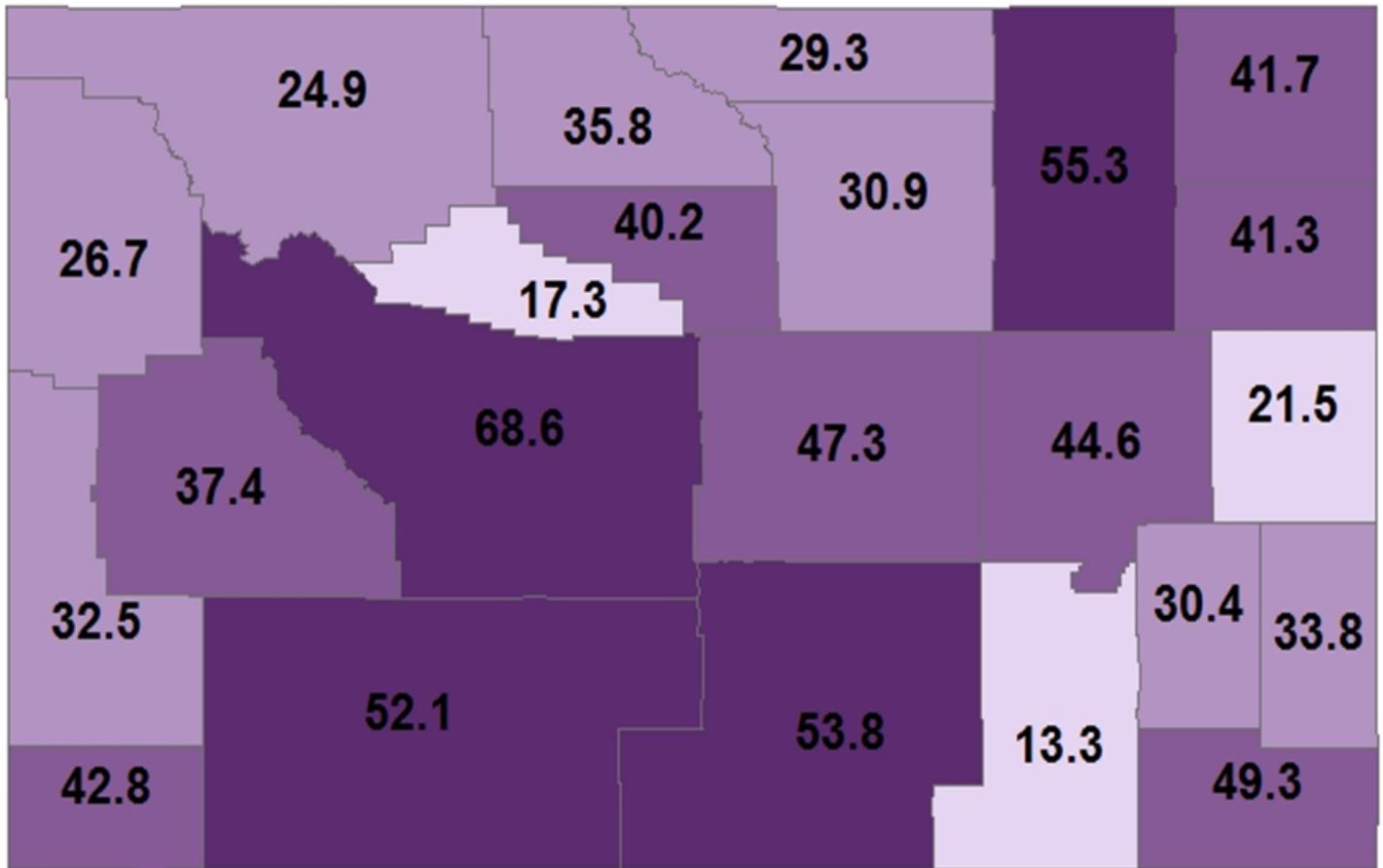
Figure 3: Teen birth rates per 1,000 girls by population density in Wyoming, 2004-2012



Wyoming Teen Births by County

Though the state average teen birth rate has been above the national average, many individual Wyoming county rates are not significantly higher (Figure 4). For 2006-2011 the overall Wyoming teen birth rate was 42.4 births per 1,000 girls age 15-19. The lowest rates in that time period occurred in Albany, Hot Springs, and Niobrara counties. Four Wyoming counties had birth rates above 50 per 1,000, including Fremont, Campbell, Carbon, and Sweetwater Counties. Another six had rates above 40 per 1,000 girls age 15-19, including Laramie, Natrona, Converse, Uinta, Weston, Crook, and Washakie.

Figure 4: Teen Birth rates per 1,000 girls age 15-19 by county, Wyoming 2006-2011



Teen Birth Rate per 1,000 Live Births

Teen Birth Rate

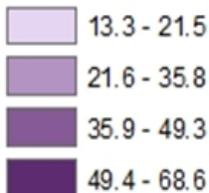


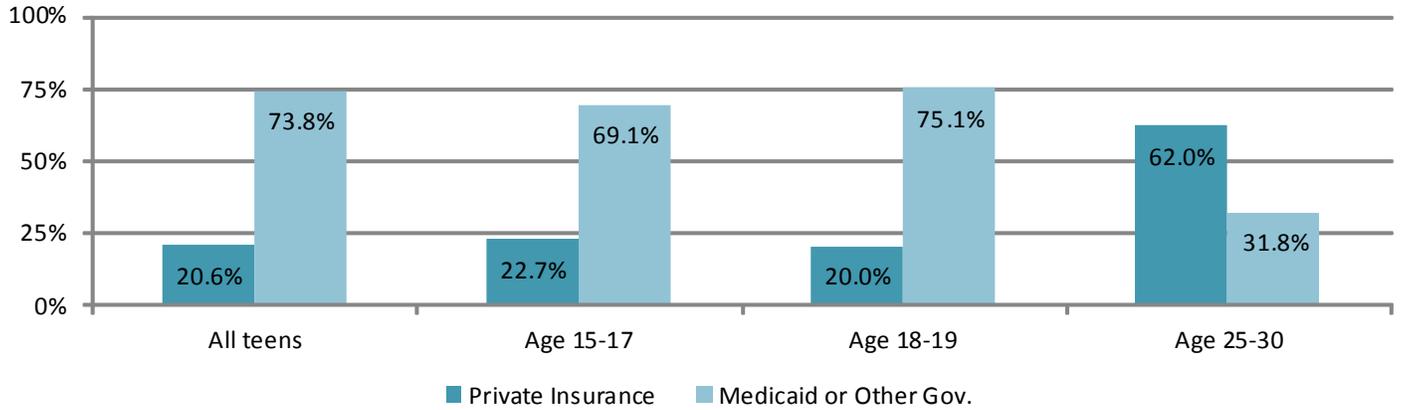
Table 1: County Teen Birth rates per 1,000 girls age 15-19 from 2000-2005 and 2006-2012 with percent rate change, Wyoming

	<u>Rate from 2000-2005</u>	<u>Rate from 2006-2012</u>	<u>Rate % change</u>
County			
Albany	14.2	13.3	-6.5
Big Horn	47.3	35.8	-24.4
Campbell	44.9	55.3	23.0
Carbon	49.4	53.8	8.9
Converse	36.1	44.6	23.4
Crook	33.9	41.7	23.1
Fremont	59.7	68.6	14.9
Goshen	34.4	33.8	-1.5
Hot Springs	30.8	17.3	-43.7
Johnson	14.8	30.9	108.6
Laramie	50.2	49.3	-1.8
Lincoln	29.3	32.5	10.8
Natrona	51.8	47.3	-8.5
Niobrara	N/A	21.5	N/A
Park	24.7	24.9	0.9
Platte	46.0	30.4	-34.0
Sheridan	32.0	29.3	-8.6
Sublette	28.8	37.4	29.8
Sweetwater	49.7	52.1	4.8
Teton	37.0	26.7	-27.9
Uinta	43.5	42.8	-1.6
Washakie	33.9	40.2	18.5
Weston	30.0	41.3	38.0
Wyoming	41.5	42.4	2.0

Overall, between the 2000-2005 period and the 2006-2012 time period, the teen birth rate increased by 2.0%, a statistically insignificant increase. County rate changes varied from a 108.6% increase in Johnson County, to a 43.7% decrease in Hot Springs County. Counties with decreasing teen birth rates are highlighted in green and counties with increasing teen birth rates are highlighted in red. Niobrara is the only county for which the rate from 2000-2005 could not be calculated due to small numbers of births.

Wyoming: Public Service Use

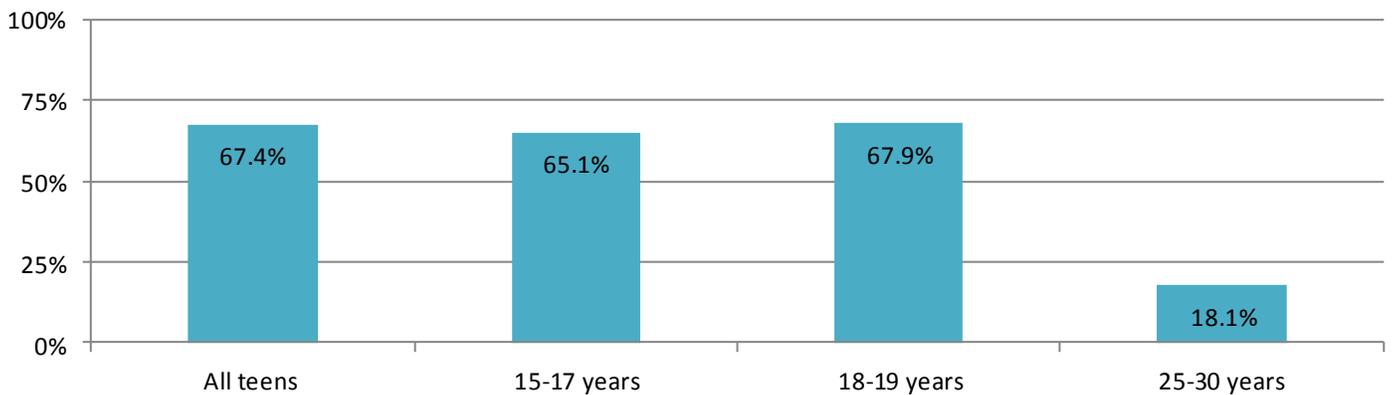
Figure 5: Source of payment at delivery by maternal age



Deliveries to teen moms were more likely to be paid by Medicaid compared to adults aged 25-30 years. Among teens 15-19 years, 73.8% of deliveries were paid by Medicaid or other government insurance. This is significantly higher than the 31.8% of births to 25-30 year olds paid by Medicaid or other government insurance.

WIC, a supplemental nutrition program, also has higher participation rates among teens than adults. As shown in Figure 6, 67.4% of teens age 15-19 participated in WIC during pregnancy compared to 18.1% of adults age 25-30.

Figure 6: WIC participation during pregnancy



Both Medicaid and WIC are important services that help prevent negative birth outcomes. Medicaid status increases prenatal care utilization among teens who may otherwise be uninsured. WIC participation has shown to reduce premature and low birth weight births, decrease infant mortality, and increase the likelihood of receiving prenatal care.⁷ Both of these types of services are responsible for cost savings to the state by averting some of the costly negative outcomes.

Reducing the Teen Birth Rate in Wyoming

In a study of US rural teens who were sexually active, 37% reported needing sexually transmitted infections (STI) testing or treatment but not receiving it, and 50% reported needing reproductive health services but not receiving them. Reasons for not accessing care included cost, lack of insurance coverage, little trust in confidentiality of providers, and embarrassment.⁸ These barriers contribute to the teen birth rate.

Legally there are few barriers to teens accessing contraceptives or reproductive health care in Wyoming. Minors are able to consent to all contraceptive services and STI testing and treatment without any parental notification. Minors do require parental notification and consent in order to access abortion, unless there is a judicial bypass or clear evidence of a medical emergency. In the case of a pregnancy, unmarried minors require parental consent to access prenatal care or medical care on behalf of a child, though married teens are given the same rights as adults.⁹

Policies such as age restrictions and parental notification requirements can influence the accessibility of reproductive services for teens, including the timely start of prenatal care in the event of pregnancy.¹⁰ Teen knowledge about healthcare needs and service options is also important in increasing use of available reproductive services. Finally, teen use of reproductive services is limited by the accessibility of services in their community.

Several types of reproductive health care clinics are available in Wyoming, including private clinics and federally funded Title X clinics or clinics providing services through Title V funding. Seventeen counties have public reproductive health services available on a weekly or daily basis, while others have services on a monthly basis. Most Wyoming counties have public health nursing offices that provide family planning services; some also provide STI testing. The Wyoming Health Council administers the federal Title X Grant for Wyoming through public clinics. The Title X Grant assists with the establishment of family planning projects, contraceptive methods, STI and HIV prevention and testing, education, research and other projects.¹¹ Title X family planning services are provided on a sliding fee scale and are intended to be accessible to adolescents.

Table 2: Minors Legal Access to Reproductive and Perinatal Services in Wyoming

Type of Service	Unmarried Teens can access without parental consent
Contraceptive Services	Yes
STI Testing	Yes
STI Treatment	Yes
Prenatal Care	No
Medical care for a child	No

Key Points

Birth Rate per 1,000 girls age 15-19 by Race/Ethnicity, Wyoming 2012



- All Wyoming



- White



- Hispanic



- American Indian



Lowest Teen Birth Rate

Highest Teen Birth Rate



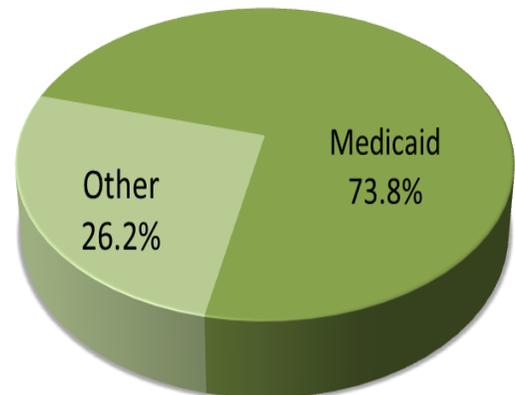
Greatest Decrease in Teen Birth Rate

Greatest Increase in Teen Birth Rate

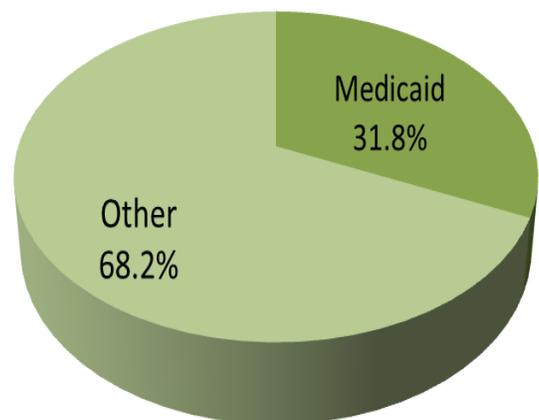


Proportion of Births paid for by Medicaid by Mother's Age, WY

Teens 15-19



Adults 25-30



References

- 1) Hamilton BE, Ventura SJ (2012). Birth Rates for U.S. Teenagers Reach Historic Lows for All Age and Ethnic Groups. *NCHS Data Brief 89*.
- 2) Child Trends. "Diploma Attainment by Teen Mothers." Accessed at: http://childtrends.org/wp-content/uploads/2010/01/child_trends-2010_01_22_FS_diplomaattainment.pdf
- 3) Hoffman, S. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy
- 4) CDC: Division of Reproductive Health. Accessed at: <http://cdc.gov/reproductivehealth/depression/index.htm>
- 5) Hoffman, Saul D., and Rebecca A. Maynard, eds. (2008). *Kids Having Kids: Economic Costs & Social Consequences of Teen Pregnancy*, 2nd edition. Washington, DC: The Urban Institute Press.
- 6) Skatrud JD, Bennett TA, Loda FA (1998). An Overview of Adolescent Pregnancy in Rural Areas. *The Journal of Rural Health*, 14 (1), 1748–361
- 7) Gordon, Anne; and Lyle Nelson. *Characteristics and Outcomes of WIC Participants and Nonparticipants: Analysis of the 1988 National Maternal and Infant Health Survey*. Alexandria, Virginia: U.S. Department of Agriculture, March 1995
- 8) Elliott BA, Larson JT (2004). Adolescents in Mid-sized and Rural Communities: Foregone Care, Perceived Barriers, and Risk Factors. *Journal of adolescent Health* 35, 303-309.
- 9) State Policies in Brief: An Overview of Minors' Consent Law. Guttmacher Institute, 2013. Accessed at www.guttmacher.org/statecenter/spibs/spib_omcl.pdf.
- 10) Teenagers' Access to Confidential Reproductive Health Services. Guttmacher Institute, 2005. Accessed at <http://www.guttmacher.org/pubs/tgr/08/4/gr080406.html>
- 11) Office of Population Affairs. About Title X Grants. US Department of Health and Human Services. Accessed July 2013 at www.hhs.gov/opa/title-X-family-planning/title-x-policies/about-title-x-grants/index.htm



Wyoming
Department
of Health

Commit to your health.

Public Health Division

Wyoming Department of Health

Cheyenne, WY 82002

Phone: (307) 777-6921

E-mail: mfinfo@wyo.gov

<http://www.health.wyo.gov/familyhealth/mch/index.html>