

# TRENDS IN TEEN BIRTH RATES: WYOMING

## QUICK FACTS

**51%**

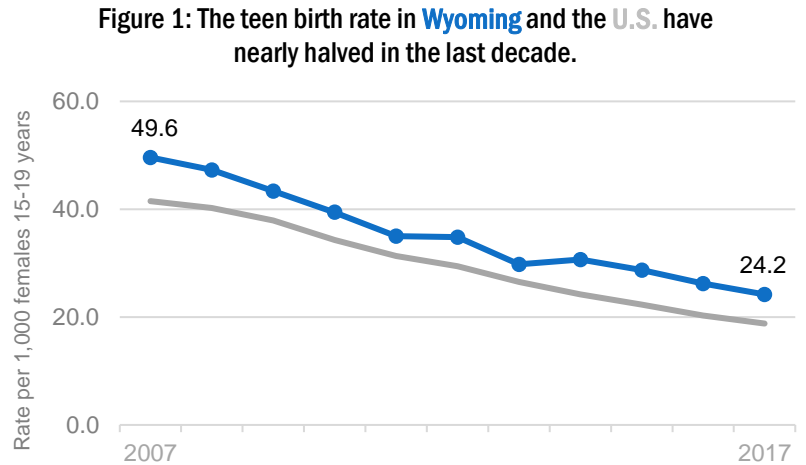
The Wyoming teen birth rate decreased by half in the past decade.<sup>1</sup>



## Two-thirds

65% of Wyoming teen mothers got support during their pregnancy through participation in WIC.<sup>1</sup>

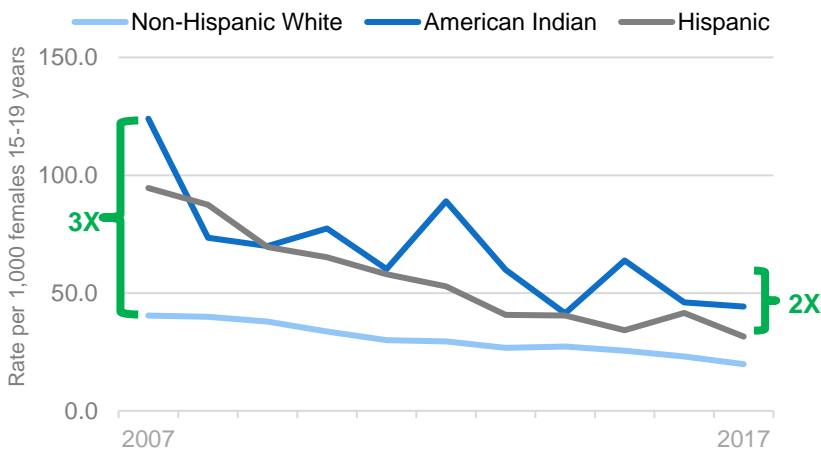
From 2007 to 2017, the teen birth rate in Wyoming decreased by 51% (Figure 1).<sup>1</sup> Evidence suggests that more teens abstaining from sexual activity and the increase use of birth control both contribute to the decreasing rates.<sup>2,3</sup> While teen birth rates are declining, Wyoming rates remain consistently higher than U.S. rates. In 2017, the U.S. teen birth rate was 18.8 births per 1,000 women ages 15-19 compared to the Wyoming rate of 24.2 births per 1,000 women ages 15-19.<sup>4</sup> While the teen birth rates in Wyoming and the U.S. have been declining for the past decade, the U.S. still has the highest rate of teen birth among industrialized countries.<sup>5</sup>



## Marriage, Intentionality, and Repeat Teen Births

About one in seven teen mothers were married when they gave birth (15.8%). A higher proportion of older teens (18-19 years) were married (18.5%) than younger teens (15-17 years) (6.4%). Among Wyoming teen mothers, about one-third (29.4%) reported that their pregnancy was intended<sup>6</sup>; and 13.7% of Wyoming teen births are to a mother who already has at least one child.<sup>1</sup>

**Figure 2. The differences in teen birth rates by race and ethnicity in Wyoming have declined in the last decade.**



## Race and Ethnicity

The teen birth rate in Wyoming varies significantly when broken out by race and ethnicity of the mother. In addition to the overall decline in teen birth rates, the differences in teen birth rates by race and ethnicity of the mother have also decreased in the last decade (Figure 2).<sup>1</sup>

### Teen Births by County

In combined years 2013-2017, the Wyoming teen birth rate was 28.3 births per 1,000 women age 15-19. The lowest rates in that time period occurred in Albany, Teton, and Johnson counties. Six Wyoming Counties had a teen birth rate above 35 per 1,000 including Fremont, Natrona, Converse, Niobrara, Carbon, and Campbell.<sup>1</sup>

Figure 3: Teen birth rates per 1,000 women age 15-19 by county, Wyoming 2013-2017 combined

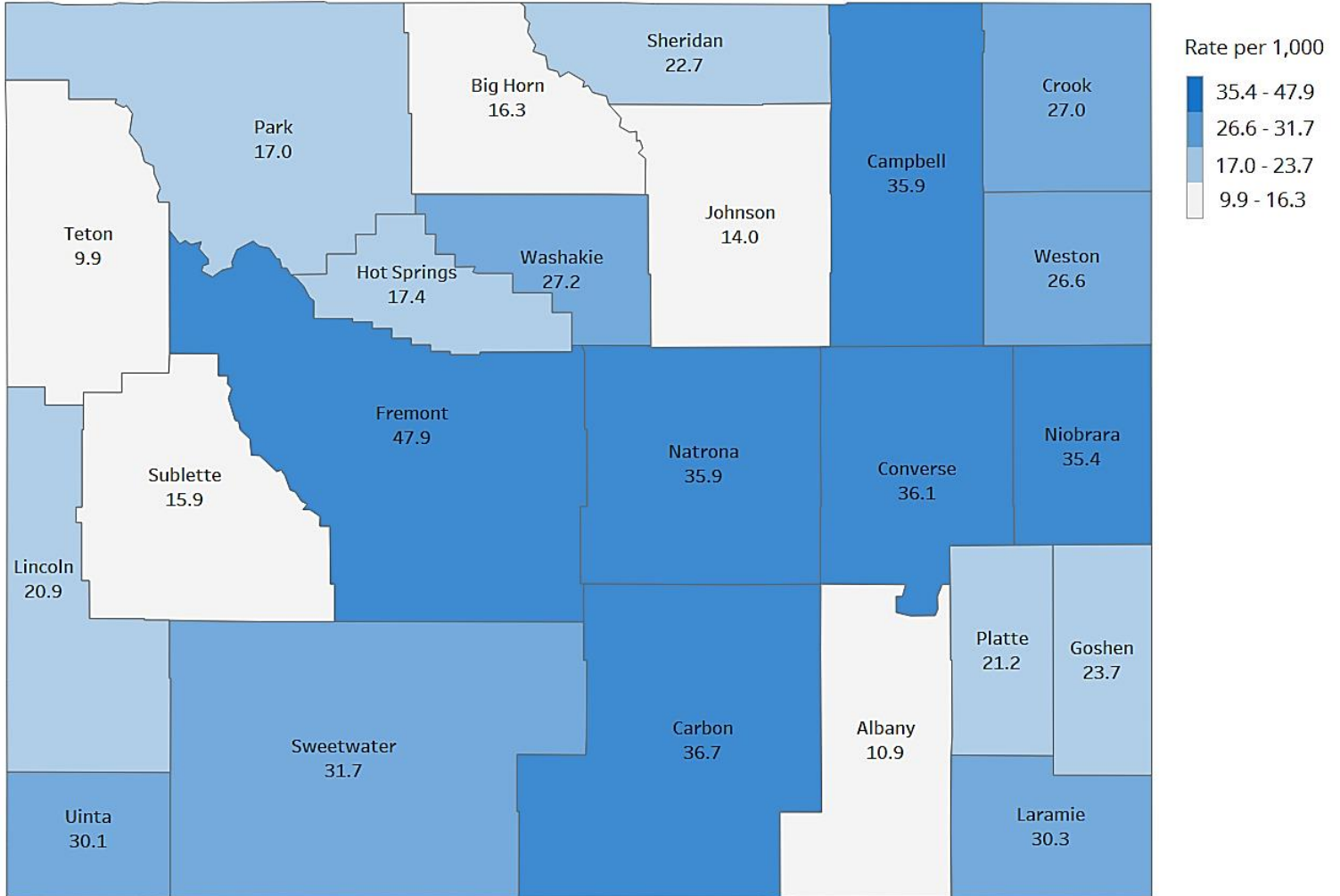
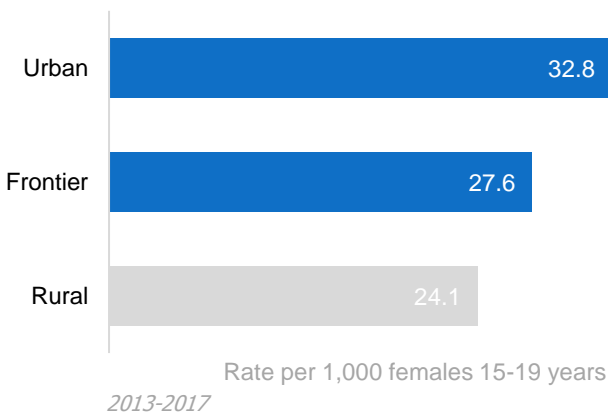


Figure 4. Wyoming teen birth rates are higher in **urban** and **frontier** counties.



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 higher than rates in rural counties.

In combined years 2013-2017, the rural teen birth rate was 24.1 births per 1,000 women age 15-19 compared to the urban teen birth rate of 32.8 births per 1,000 women aged 15-19 years. The rural-urban difference in teen birth rates is greater among older teens than younger teens with 68.1 births per 1,000 teens age 18-19 in urban areas and 40.5 births per 1,000 teens age 18-19 in rural counties.<sup>1</sup>

## Support for Teen Mothers

Both Medicaid and WIC are important services that help prevent negative birth outcomes by providing support to mothers during and after pregnancy. Medicaid enrollment increases access to prenatal care services among teens who may be uninsured. Participation in WIC, a supplemental nutrition program, has shown to reduce premature and low birth weight births, decrease infant mortality, and increase the likelihood of receiving prenatal care.<sup>7</sup>

In combined years 2013-17, deliveries to teen mothers were more likely to be paid by Medicaid or other government insurance compared to adults aged 20-30 years. Among teens 15-19 years, 64% of deliveries were paid by Medicaid or other government insurance. This is higher than the 28% of births to 25-30 year olds paid by Medicaid or other government insurance.<sup>1</sup>

WIC also has higher participation rates among teen mothers than adult mothers. As shown in Figure 6, 63% of teens age 15-19 participated in WIC during pregnancy compared to 24% of adults age 25-30.<sup>1</sup>

## Reducing the Teen Birth Rate in Wyoming

In a study of U.S. rural teens who were sexually active, 37% reported needing sexually transmitted infection (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.<sup>8</sup> These barriers may contribute to the teen birth rate in Wyoming.

Ensuring confidential access to reproductive health services for teens can influence the use of reproductive health services including the timely start of prenatal care in the event of pregnancy.<sup>9</sup> Increasing teen knowledge about healthcare needs and service options is also an important strategy to increase the use of available reproductive services.

Different types of reproductive health care clinics are available in Wyoming, including private clinics and federally funded Title X clinics. All Public Health Nursing offices in all Wyoming counties provide STI testing, and some also provide family planning services. 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 counseling and services, STI and HIV prevention and testing, education, research, and other projects.<sup>10</sup> Title X family planning services are provided on a sliding fee scale and are intended to be accessible to all women, men, and teens who request care.

Figure 5. Wyoming teen births are more likely to be paid by Medicaid or other government insurance than births among Wyoming adults.

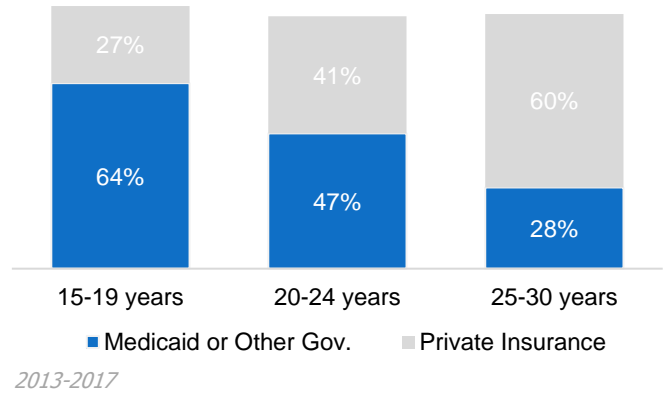
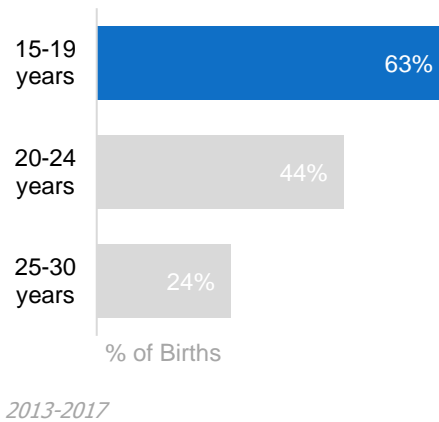


Figure 6. A higher proportion of Wyoming teen mothers participate in WIC than Wyoming adult mothers.



## References

1. Wyoming Vital Statistics, Birth Certificates. 2006-2017.
2. Santelli J, Lindberg L, Finer L, Singh S. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. *Am J Public Health*. 2007;97(1):150-6.
3. Lindberg LD, Santelli JS, Desai, S. Understanding the Decline in Adolescent Fertility in the United States, 2007–2012. *J Adolesc Health*. 2016: 1-7
4. Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2017. *National Vital Statistics Reports*; vol 67 no 8. Hyattsville, MD: National Center for Health Statistics. 2018.
5. Hamilton BE, Mathews TJ. Continued Declines in Teen Births in the United States, 2015 Key findings. 2015. <https://www.cdc.gov/nchs/data/databriefs/db259.pdf>. Accessed May 16, 2018.
6. Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS). 2016. <https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/pregnancy-risk-assessment-monitoring-system-prams/>.
7. United States Department of Agriculture Food and Nutrition Service. About WIC- How WIC Helps | Food and Nutrition Service. <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>. Accessed May 17, 2018.
8. Elliott BA, Larson JT. Adolescents in mid-sized and rural communities: Foregone care, perceived barriers, and risk factors. *J Adolesc Heal*. 2004;35(4):303-309. doi:10.1016/j.jadohealth.2003.09.015
9. Lehrer JA, Pantell R, Tebb K, Shafer MA. Foregone health care among U.S. adolescents: associations between risk characteristics and confidentiality concern. *J Adolesc Health*. 2007. Mar; 40(3):218-26.
10. Wyoming Health Council. Accessed March 2019. <http://www.wyhc.org/>