Delaying the Second Pregnancy among Teen Mothers: An innovative Community Collaboration

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Background

- Nearly 1 in 5 births to teens, ages 15–19, are repeat births. Most (86%) are 2nd births. Some teens are giving birth to a 3rd (13% of repeat births) or 4th up to 6th child (2% of repeat births). Infants born from a repeat teen birth are often born too small or too soon, which can lead to more health problems for the baby (CDC http://www.cdc.gov/vitalsigns/teenpregnancy/). The consequences of early pregnancy and childbearing have now been well documented, both for young mothers and their children.

- Low achievement in education and in employment are among the most important sequel to early childbearing, while low birth weight, cognitive effects even into adulthood, and a cyclical pattern of early pregnancy characterize the children of young mothers. These negative consequences of adolescent childbearing is exacerbated by rapid second or higher order births.

- This pilot project is based on the Illinois Subsequent Pregnancy Program (ISPP) developed by “Options for Youth” Chicago, Illinois.

- The program will assist teen mothers attain education, delay the second pregnancy and experience positive motherhood.

The Program Objectives are

1. To Delay a second pregnancy among first-time adolescent mothers
2. To encourage consistent and correct contraceptive use
3. To assist the young mothers maintain and graduate from high school
4. To support positive motherhood

The program consisted of two components: bi-monthly group meeting for support and content delivery, and ongoing, individual support provided by a role model case manager.

Massachusetts

City of Lowell teen pregnancy data

- Lowell is ranked 12th highest teen birth rate in Massachusetts (25.7%). Although the numbers are high the city rates has decreased by 19.3% since from 2003.
- Among Lowell residents aged 15-19, 424% (78 births) were among Hispanic/Latino mothers.
- Among births to Lowell resident aged 15-19 years in 2010, 68.0% were to older teens aged 18-19 years and 32.0% were to teens aged 15-17.
- Data provided by Lowell General Hospital where high percent of women in Lowell give birth showed that from 2012 there were 309 teen births at the hospital. Eighty-seven of these births (28%) were second and third birth to the teen mother.

[Table of Fiscal Year 2012-2013, 2013-2014, 2014-2015, and Data Percentages]

Methods

- Program evaluation consisted process and outcome evaluations.
- Process evaluation included team meeting were documented to track the process of program development. Collaboration strategies, challenges and solutions in program implementation were summarized.
- Outcomes related to the program goals were measured (delay of pregnancy, consistent use of long term contraception, education attainment. Each participating teen mother answered a knowledge attitude, behaviors and life goals survey at the beginning and end of the program. In addition individual interviews were conducted with the participating teen mothers and the program staff.

Stakeholders

City of Lowell
The university of Massachusetts, Lowell
Women and Children (WIC)

Local Funders
Greater Lowell Health Alliance (GLAH)
AT&T

Service Providers
- Lowell Community Health Center (LCHC)
- Lowell General Hospital
- MSPCC-Healthy Families
- South Bay Early Childhood
- NIF

Referral Sources
- Community & Family Support Center, Greater Lawrence Community Action Council, Inc.
- Lowell School systems- Lowell High School, Lowell Middlesex Academy Charter
- Lowell Tech High School

Results

Nine organization from the community collaborated to develop and execute the program. The organization included the state university, community health center, local hospital, women and children (WIC), two high schools, and 4 non profits in the area that serves high risk families and children. Process evaluation identified that program sustainability is essential to the survival of a program. Sustainability has been defined as the capacity to maintain program services at a level that will provide ongoing prevention and treatment for a health problem. Non profit housed the case management project to overcome the challenge of low budget and legal implications. Teen groups were held at the high schools to increase participation. Virtual groups are developed due to teen mothers challenge to attend during the school hours.

- In 2016-17 11 teen mothers participated in the program. 3 are graduating this year. All but 2 teens were using long acting contraception accept
- Two teens got pregnancy during the year

Conclusions

In today’s reality where funding is sparse, community organization collaboration is essential.
- This program is unique by incorporating the case management under existing non-profit organizations. In addition the groups were provided where the teen mothers were, namely the high school or virtual environment.