Research-to-Practice: Preventing the second pregnancy: a school-based intervention for teen mothers.

Teen mothers and their babies face greater economic, social, health, and educational risks than teens that do not experience a pregnancy. A teen mother is at greater risk of living in poverty, having a weak social support system, and dropping out of high school.

What most people don’t know is that when a teen becomes a mother, she is 500% more likely to have a second baby before she turns 20 than her teen peers who’ve never had a child. Some people may think that becoming a teen mother the first time is hard enough and would keep a teen from having another (second) baby, but this just isn’t true - and having a second teen pregnancy makes all the risks mentioned above even greater for the teen mother, her baby, and her growing family.

When a teen mother has two children before the age of 20, she is even less likely to graduate high school and more likely to live in poverty, forever. In addition, teen mothers are less likely to eat a healthy and adequate diet and when pregnancies occur too close together, before a woman’s body has restored lost nutrients, there can be greater risks to the mother and the growing baby. Babies born too close together are more likely to be underweight and premature, and as children they are more likely to experience problems in school, with behavior, and become teen parents themselves.

Decreasing the rate of subsequent pregnancies in teen mothers is an important public health issue, and one we have been trying to tackle for decades. Interventions and programs have been tried, all in the hopes that they will reduce rates of a second pregnancy among teen moms. Most of these programs provide some form of case management, utilize a home-visit model and provide information and services to the mother; very few interventions have been school-based.

A study in the Journal of Adolescent Health (2008) points to a promising school-based intervention that may decrease rates of a second birth to teen mothers. In this particular study, researchers provided an intervention program to a group of teen mothers (first-time mothers either pregnant or already parenting) and compared their repeat birth rate to a matched group of teen mothers pulled from state data. The two groups were being compared in order to be sure that the program was responsible for any decrease in subsequent pregnancy rates.

Participants were primarily African-American and all were eligible for Medicaid and free-reduced lunch. At the start of the program, approximately 52% of the participating teen mothers were pregnant and 47% were already a parent and not currently pregnant.

This particular intervention was unique in its approach not only because it is a school-based intervention, but it also includes other components of successful home and community based programs, including a cross-disciplinary collaboration of social workers, medical providers and school staff. In addition, a key component of the program was that teen mothers had free and easy access to contraception; barriers such as transportation were removed and the mothers were supported in accessing the most appropriate contraception for them.

This comprehensive program is intensive, but well worth the cost. The program appears to have been effective in achieving a 50% reduction in the rate of second or repeat births among the participating teen mothers when compared to a matched group of teen mothers. Each subsequent (or repeat) birth prevented resulted in a cost savings of approximately $19,000 with a total program cost savings of $60,000 for each year of implementation.

Other interventions have also demonstrated some success in decreasing subsequent teen pregnancies, using different program models. Of particular interest is a program offered by the Family Support Center, which includes home-visiting, case management, parenting classes at a community center, and school advocacy. Evaluation of this program demonstrated decreased subsequent pregnancies (20% vs. 48% at 24 months – a 60% decrease) and decreased school dropout (6% vs. 27% at 24 months – 80% decrease in school dropout).

The school-baed intervention from the Journal of Adolescent Health (2008) demonstrated a 50% decrease in subsequent teen births (17% vs. 33%), but represents a school-based model and would not be effective for teen mothers who have
dropped out of high school. In order to achieve the best outcomes for teen mothers and their families, and to further decrease subsequent teen pregnancies, perhaps a mix of two effective programs would be an option. Based on the information provided in the article, a partnership between the Family Support Center and the school-based program evaluated in the Journal of Adolescent Health (2008) may have the potential to be very effective in decreasing the overall rate of subsequent teen pregnancies, both in schools and in the community.

Reference:
Key JD, Gebregziabher MG, Marsh LD, O'Rourke KM. Effectiveness of an intensive, school-based intervention for teen mothers. *Journal of Adolescent Health* 42 (2008);394-400.