Birth Rate for U.S. Teens Falls to Lowest Level

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FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

The birth rate for U.S. teens aged 15-19 years fell to the lowest level since recording began in 1940, according to new data for 2009.

The 2009 teen birth rate was 39.1 births per 1,000 teens, down 6% from the 2008 rate of 41.5 births per 1,000, according to the report by the CDC National Center for Health Statistics. The 2009 rate was 37% lower than in 1991, the peak year for teen births. The CDC's annual report is based on virtually 100% of vital records collected in the 50 U.S. states, the District of Columbia, and U.S. territories. The report is available at www.cdc.gov/nchs.

Overall fertility also fell in 2009 to 66.7 births per 1,000 women aged 15-44 years, compared with 68.6 per 1,000 women in 2008. The CDC's preliminary estimate of births in 2009 was 4,131,019, 3% less than 2008. Early data through June 2010 suggest that the decline in fertility has continued, according to the report.

Fertility rates increased in only one age group: women aged 40-44 years. In that group, the 2009 rate was 10.1 births per 1,000 women, up 3% from the 2008 figure and the highest rate since 1967.

The rate of preterm births declined for the third straight year, to 12.2% of all births in 2009. The rate of cesarean deliveries rose to a record high of 32.9% in 2009, up from 32.3% in 2008.

The low birth weight rate remained unchanged at about 8.2% between 2008 and 2009.

The CDC also reported the total fertility rate (TFR) – an estimate of the number of births that a hypothetical group of 1,000 women would have over their lifetimes, based on the age-specific rates of a particular year. The TFR for 2009 was 2,007.5, down 4% from the rate in 2008. This is the largest decline in TFR since 1973. The 2008 and 2009 rates were both below the replacement rate of 2,100 births per 1,000 women. The U.S. TFR was below replacement for every year between 1972 and 2005 and above replacement in 2006 and 2007. ■

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weeks and was 39.8 weeks in those who delivered at 38-40 weeks.

The study findings are concerning, because fetal lung maturity is known to reduce the risk of respiratory morbidity, and confirmation of fetal lung maturity is "a recognized exception to longstanding recommendations against elective delivery before 39 weeks' gestation," Dr. Bates and her associates noted.

Also, despite existing recommendations to the contrary, one-third of elective cesarean deliveries in one large study were performed before 39 weeks, they said.

Taken together, the findings in the current study "are consistent with relative immaturity at 36-38 weeks (regardless of lung maturity), compared with 39-40 weeks, and lower threshold for admission to the NICU and for invasive sepsis workups (suspected sepsis)," the investigators wrote.

They added that the findings should be considered in light of the study's limitations – including the retrospective study design and the related possibility of confounding, and the fact that the study does not fully address the risk of stillbirth associated with either delivery strategy studied. Nonetheless, they concluded that the findings suggest that "in the absence of ongoing concern about fetal death or maternal well-being if the pregnancy continued, delivery should be delayed until 39 weeks."

The findings also suggest that purely elective fetal lung maturity testing and early delivery should be avoided, Dr. Bates and her associates noted.

One of the study authors, Dr. Alan T. N. Tita, was a Women's Reproductive Health Research Advanced Scholar at the University of Alabama at Birmingham at the time of the study and received funding from the National Institute of Child Health and Human Development. No relevant financial disclosures were reported by the other authors. ■