Slight Uptick Seen in Teen Pregnancy Rates

Increase unlikely to be due solely to increase in abstinence-only sex education, experts say.

BY ROBERT FINN

Teen pregnancy rates increased 3% in the United States in 2006 after declining every year since 1990, according to a report from the Guttmacher Institute.

In addition, teen births rose 4% and teen abortions rose 1% between 2005 and 2006, according to the report, which the institute compiled from a variety of national and state-level sources.

VITALS

Major Finding: The rates of teen pregnancy, birth, and abortion increased in 2006 after declining every year since 1990.

Data Source: Data compiled from national-level and state-level sources.

Disclosures: Preparation of the report was funded by the Brush Foundation, the California Wellness Foundation, and the Annie E. Casey Foundation.

The teen pregnancy rate hit its peak in 1990, with 117 pregnancies per 1,000 women aged 15-19 years. By 2005 it had declined 40%, to 70/1,000. But in 2006, the rate increased to 72/1,000.

"After more than a decade of progress, this reversal is deeply troubling," Heather Boonstra, a senior public policy associate at the Guttmacher Institute, said in a prepared statement. "It coincides with an increase in rigid abstinence-only-until-marriage programs, which received major funding boosts under the Bush administration. A strong body of research shows that these programs do not work. Fortunately, the heyday of this failed experiment has come to an end with the enactment of a new teen pregnancy prevention initiative that ensures that programs will be age appropriate, medically accurate, and, most importantly, based on research demonstrating their effectiveness."

Two experts interviewed by this news organization weren't so sure that the increase in pregnancy rates could be attributed to abstinence-only sex education. "The temporal association between the increase in abstinence-only programs and the increase in the pregnancy rate definitely deserves closer attention," said Dr. Lee Savio Beers, a pediatrician who is director of the healthy generations clinic at Children's National Medical Center, Washington, D.C. "I don't know that anyone knows for sure whether it's directly related, but the two kind of came together. It's such a multifactorial issue that we may never have an answer on that."

Dr. Melissa Kottke, who is with the department of ob.gyn. at Emory University and is director of the Jane Fonda Center for Adolescent Reproductive Health, both in Atlanta, said, "I think there's going to be a lot of things contributing to [increases in teen pregnancy rates], and I don't think we're going to know what all of those are."

Dr. Kottke listed some of the other possibilities: teenage sexual activity, poverty, the media, parenting, funding for care, and funding for family planning services. "All of those things are going to contribute," she said, "and I don't think we're going to be able to point our finger at one thing or the other."

About the Guttmacher Institute, Dr. Beers said, "They're a well-respected organization. Their policy views tend to be on the liberal side. But I think everyone pretty much agrees that their facts are good, and their numbers are good, and for pregnancy numbers, they're better than pretty much anyone."

Although the long decline and recent uptick in teen pregnancy rates were seen in blacks, Hispanics, and non-Hispanic whites, there were some substantial racial and ethic differences (see box). Among black teens, the pregnancy rate declined by 45%, from 224/1,000 in 1990 to 123/1,000 in 2005, and then increased 2.4%, to 126/1,000 in 2006.

Among Hispanic teens, the pregnancy rate declined by 26%, from 170/1,000 in 1992 to 125/1,000 in 2005, and then increased 1% to 127/1,000 in 2006.

And among non-Hispanic whites, the rate declined by 51%, from 87/1,000 in 1990 to 43/1,000 in 2005, and then increased 2% to 44/1,000 in 2006.

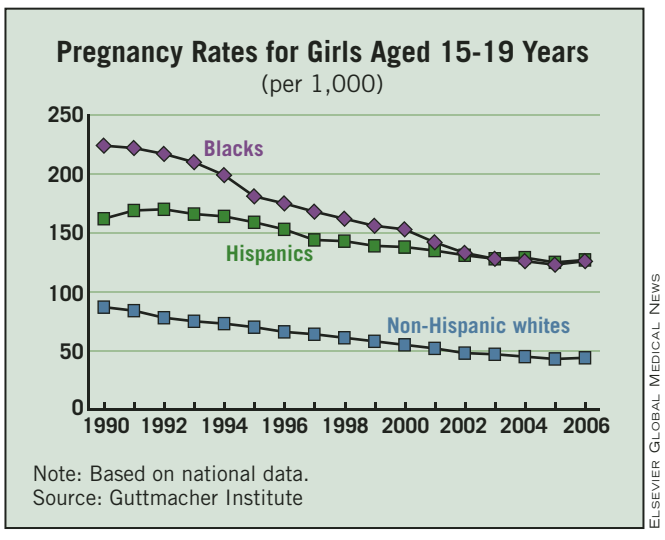
State-level data were not available for 2006, but in 2005 the highest teen pregnancy rates were in New Mexico (93/1,000), Nevada (90/1,000), and Arizona (89/1,000). The lowest rates were in New Hampshire (33/1,000), Vermont (49/1,000), and Maine (48/1,000).

Although there has been a long decline in the teen pregnancy rate in the United States, even at their low point in 2005, the U.S teen pregnancy, birth, and abortion rates were still way above those for all other developed nations, Dr. Beers said.

And Dr. Kottke said that there's already evidence that the 1-year uptick is not a statistical fluke. She's seen preliminary data for 2007 indicating that the increase in teen pregnancy, birth, and abortion rates increased for a second year.

Physicians have a unique opportunity to help turn these numbers around, she said. "What we know is that young people still trust their physicians, and they look to their physicians for important education. Physicians who are serving young teens need to make sure they are an avenue for education, for care, and for confidentiality." ■

The full report is available at www.guttmacher.org/pubs/USTPtrends.pdf.



Note: Based on national data.
Source: Guttmacher Institute

ELSEVIER GLOBAL MEDICAL NEWS

Cochrane Data: Food, Water in Labor OK in Low-Risk Women

BY MICHELE G. SULLIVAN

Women at low risk of complications during childbirth should be allowed to take food and water as they desire during active labor, a Cochrane database review has concluded.

"The review identified no benefits or harms of restricting foods and fluids during labor in women at low risk of needing anesthesia," wrote lead author Mandisa Singata, R.N., and her associates. "Given these findings, women should be free to eat and drink in labor or not, as they wish" (Cochrane Database Syst. Rev. 2010;CD003930 [doi: 10.1002/14651858.CD003930.pub2]).

The review of five studies comprising 3,130 women suggests that the prohibition on oral intake during labor may be based on outdated concerns, wrote Ms. Singata of the University of Witwatersrand, East London, South Africa, and her associates.

VITALS

Major Finding: In women at low risk of needing general anesthesia during childbirth, there was no significant association with eating and drinking during labor and the rate of cesarean section, operative vaginal birth, or Apgar scores of less than 7 at 5 minutes.

Data Source: A Cochrane database review of five randomized controlled trials comprising 3,130 women.

Disclosures: The review was sponsored by the University of the Witwatersrand and the University of Liverpool, as well as the National Institute for Health Research, and by a World Health Organization grant. One of the authors was the primary investigator on a study included in the review.

"Restricting oral food and fluid intake …is a strongly held obstetric and anesthetic tradition," related to research performed in the 1940s on regurgitation under general anesthetic and resulting inhalation pneumonia. "Most [eating prohibitions] are based on historical, but important, concerns related to these risks. … The incidence is very rare with modern anesthetic techniques and the use of regional rather than general anesthesia."

Ms. Singata and her colleagues identified five randomized controlled trials that examined this issue. The studies were conducted from 1999 to 2009.

All included women at low risk of requiring general anesthesia during childbirth. One study looked at restricting intake to ice chips and sips of water vs. full access to food and drink. Two compared water only to encouraging the consumption of some food and fluid, and two compared water only to carbohydrate drinks during labor.

The analysis was dominated by the largest and most recent study, which contained 2,443 women. The other four studies together comprised 687 women. The largest study was conducted in a "highly medicalized environment," in which 30% of women had a cesarean section, over 50% had oxytocin, just under 70% received intravenous fluids and epidural anesthesia, and 27% underwent operative vaginal birth.

"In addition, 20% of the women in the water-only arm ate during labor and 295 in the food and fluid arm chose not to eat in labor. This clearly reflects the wide variation in women's wishes for food and fluids during labor," the authors wrote.

When considering any restriction of food and fluid versus allowing them, the authors found no significant associations with the rate of cesarean section, operative vaginal birth, or Apgar scores of less than 7 at 5 minutes. Neither were there significant relationships with duration of labor, maternal nausea or vomiting, narcotic pain relief, or infant admission to intensive care.

None of the outcomes were significantly related in any of the other analyses: complete restriction of food and fluid vs. freedom to eat and drink, water only vs. freedom to eat and drink, or complete food and fluid restriction vs. carbohydrate-based fluid only. ■