

Stacey Anderson
Planned Parenthood of Montana
HB 281 – SUPPORT

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HB 281

Mr. Chairman, members of the Committee, my name is Stacey Anderson. I am the Public Affairs Director for Planned Parenthood of Montana. As the largest provider for reproductive healthcare in Montana – with 22,000 patients – we support HB 281.

HB 281 is the insurer for over 2000 young women in Montana and yet it fails to provide access to a critical benefit as they grow into adulthood. Birth control is basic healthcare for women and the most effective way to prevent unintended pregnancy when a patient is sexually active.

Sponsored by Rep. Hunter, HB 281 accomplishes two things:

1. Provides for prevention of unintended pregnancy in a very vulnerable population. With 34 teen births covered by CHIP, doesn't it make sense to also cover the most effective means for prevention at a fraction of the cost?
2. Brings the State of Montana in-line with the Montana Attorney General's opinion that provides for contraceptive equity in all other insurance packages operating in Montana.

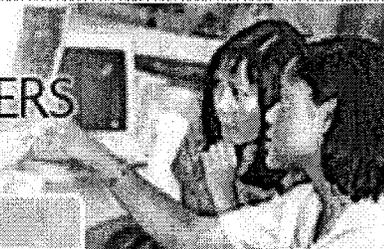
Montana is one of only four states that expressly prohibit the state's Children's Health Insurance Plan from covering prescription contraceptives and yet the Montana CHIP program provides coverage for prenatal care and delivery. During the State Fiscal Year 2007, Montana CHIP program covered the teen births of 34 young women, totaling \$332,358.

Please find attached a factsheet from the March of Dimes regarding teen pregnancy. The short- and long-term effects of preventing teen pregnancy are well-documented, both for improving birth outcomes by delaying pregnancy until adulthood and improving the economic and educational prospect for Montana teens.

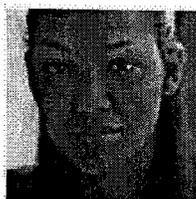
While CHIP contraceptive coverage will not prevent every pregnancy, it will prevent some. It's critical that Montana be proactive in improving the health and well-being of our young women and families --- Please support HB 281.



PROFESSIONALS & RESEARCHERS



QUICK REFERENCE: FACT SHEETS



Teenage Pregnancy

National Day to Prevent Teen Pregnancy, May 6, 2009: To learn more about this day, visit the Web site of the National Campaign to Prevent Teenage Pregnancy and Unplanned Pregnancy. For information on the consequences of unplanned pregnancy, read the fact sheet provided by the National Campaign. On this Web site, the March of Dimes helps teens and women decide if they are ready emotionally, physically and financially for pregnancy.

Teenage birth rates in this country have declined steadily since 1991 (1). While this is good news, these rates remain high, exceeding those in most developed countries (2). High teen birth rates are an important concern because teen mothers and their babies face increased risks to their health, and their opportunities to build a future are diminished.

Here is some important information about teen pregnancy:

- More than ten percent of all U.S. births in 2004 were to mothers under age 20 (1). Most teenage births (about 67 percent) are to girls ages 18 and 19 (1).
- More than 750,000 teenagers become pregnant each year, and about 420,000 give birth (1, 3).
- About 3 in 10 teenage girls become pregnant at least once before age 20 (2).
- The teenage birth rate is declining. Between 1991 and 2004, the rate fell by one-third (from 61.8 per 1,000 women to 41.1) (1). Still, in 2004 (the most recent year for which data are available), about 4 teenage girls in 100 had a baby.
- Between 22 and 30 percent of teen mothers under age 18 have a second baby within two years after the birth of their first baby (2).
- Teen mothers are more likely than mothers over age 20 to give birth prematurely (before 37 completed weeks of pregnancy). Between 2002 and 2004, preterm birth rates averaged 14.3 percent for women under age 20 compared to 11.7 percent for women ages 20 to 29 (4). Babies born too soon face an increased risk of newborn health problems, long-term disabilities and even death.

How does a teen mother's health affect her baby?

Some teens may need to change their lifestyle to improve their chances of having a healthy baby. An unhealthy diet, smoking, drinking alcohol and taking drugs can increase the risk that a baby will be born with health problems, such as low birthweight (less than 5½ pounds).

Teens are more likely to smoke during pregnancy than women over age 25. In 2004, 14.2 percent of pregnant teens ages 15 to 19 smoked, compared to 10.2 of all pregnant women (1, 5). Smoking doubles a woman's risk of having a low-birthweight baby and increases the risk of pregnancy complications, premature birth and stillbirth (6).

Teens are least likely of all maternal age groups to get early and regular prenatal care. From 2000 to 2002, an average 7 percent of mothers ages 15 to 19 years received late or no prenatal care (compared to 3.8 percent for all ages) (7). A teenage mother is at greater risk than women over age 20 for pregnancy complications, such as premature labor, anemia and high blood pressure (8). These risks are even greater for teens who are under 15 years old

(8).

More than 9 million young people ages 15 to 24 are affected by sexually transmitted infections (STIs) annually, out of a total of 19 million new cases reported (9). These STIs include:

- Chlamydia, which can cause sterility
- Syphilis, which can cause blindness, maternal death and infant death)
- HIV, the virus that causes AIDS (treatment during pregnancy greatly reduces the risk of an infected mother passing an infection on to her baby)

What are the health risks to babies of teen mothers?

A baby born to a teenage mother is at higher risk for certain serious problems and death than a baby born to an older mother. Babies of teenage mothers are more likely to die in the first year of life than babies of women in their twenties and thirties. The risk is highest for babies of the mothers under age 15. In 2004, 17.1 out of every 1,000 babies of women under age 15 died, compared to 6.8 per 1,000 for babies of women of all ages (10). In 2004, 9.9 percent of mothers ages 15 to 19 years had a low-birthweight baby, compared to 8.1 percent for mothers of all ages. The risk is higher for younger mothers (1):

- 11.6 percent of 15-year-old mothers had a low-birthweight baby in 2004; 18,274 babies were born to girls this age, with 2,124 of low birthweight
- 9.4 percent of women aged 19 had a low-birthweight baby in 2004; 164,045 babies were born to these women, with 15,376 of low birthweight

Low-birthweight babies may have organs that are not fully developed. This can lead to lung problems, such as respiratory distress syndrome, bleeding in the brain, vision loss and serious intestinal problems.

Very low-birthweight babies (less than 3 1/3 pounds) are nearly 100 times as likely to die, and moderately low-birthweight babies (between 3 1/3 and 5 1/2 pounds) are more than 5 times as likely to die in their first year of life than normal-weight babies (1).

What are other consequences of teenage pregnancy?

Life may be difficult for a teenage mother and her child. Teen mothers are more likely to drop out of high school than girls who delay childbearing. Only 40 percent of teenagers who have children before age 18 go on to graduate from high school, compared to 75 percent of teens from similar social and economic backgrounds who do not give birth until ages 20 or 21 (2).

With her education cut short, a teenage mother may lack job skills, making it hard for her to find and keep a job. A teenage mother may become financially dependent on her family or on public assistance. Teen mothers are more likely to live in poverty than women who delay childbearing, and more than 75 percent of all unmarried teen mothers go on welfare within five years of the birth of their first child (2).

About 78 percent of children born to an unmarried teenage high-school dropout live in poverty, compared to 9 percent of children born to women over age 20 who are married and high school graduates (11). A child born to a teenage mother is 50 percent more likely to repeat a grade in school and is more likely to perform poorly on standardized tests and drop out before finishing high school (2).

What recommendations does the March of Dimes make to guide teenage girls?

Because of the risks involved in teen pregnancy for both mother and child, the March of Dimes strongly urges teenage girls to delay childbearing. The March of Dimes also recommends that anyone who could become pregnant eat a healthy diet, achieve a healthy weight and quit smoking. The March of Dimes further recommends taking a multivitamin containing folic acid every day for the teen's own health and to reduce the risk of having a baby with birth defects of the brain and spinal cord, should they become pregnant.

Teens who already are pregnant can improve their chances of having a healthy baby by:

- Getting early and regular prenatal care from a health care provider or clinic.
- Eating a nutritious and balanced diet.
- Stopping smoking (and avoiding secondhand smoke). Smoking increases the risk of low birthweight, premature birth, stillbirth and pregnancy complications.
- Stopping drinking alcohol and/or using illicit drugs. Alcohol and drug use limit fetal growth and can cause birth defects.

- Avoiding all prescription and over-the-counter drugs (including herbal preparations), unless recommended by a health care provider who is aware of the pregnancy.

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