

# Trends and Measurement in New York City Teen Reproductive Health

## POLICY BRIEF NO. 2

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### SUMMARY

This brief focuses on teen pregnancy and births in New York City (NYC) to place the measures used in the Foster Youth Initiative in context. Consistent with national and statewide trends, the most widely used measures of teen pregnancy and birth rates show marked and sustained declines in NYC over the last ten years. Still, areas that have high rates of child maltreatment investigations have teen pregnancy and birth rates that can be twice as high as the citywide rate. This brief discusses trends in NYC, the potential impact on NYC's foster care system, and a measure that may help track trends among NYC youth in foster care.<sup>2</sup>

### BACKGROUND: *the consequences of teen pregnancy and parenting*

Pregnancy and births among teens raise many concerns for youth, their families, and public policy makers. Most teen pregnancies in NYC do not result in live births, and terminations or miscarriages can be traumatic.<sup>3</sup> Studies show that teens who become parents have higher chances for dropping out of high school, enrolling in economic assistance programs, and adverse health risks for both mother and child.<sup>4</sup> In 2014, 25 percent of pregnant teens under the age of 15 years and 10 percent of teens between the ages of 15 to 19 years received late or no prenatal care throughout their pregnancies compared to five percent of women in their thirties.<sup>5</sup> Children of parenting teens who are in foster care face increased rates of maltreatment and intergenerational placement in foster care.<sup>6</sup>

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<sup>1</sup> Many thanks to Pascale Saintonge Austin and Rayanne Farhat for their contributions to this brief.

<sup>2</sup> NYC supports a wide array of reproductive health initiatives for the general population and for youth in foster care. We hope to produce a future brief that explores this topic in more detail.

<sup>3</sup> See [https://www.health.ny.gov/statistics/vital\\_statistics/2015/table30.htm](https://www.health.ny.gov/statistics/vital_statistics/2015/table30.htm); Astone N, Martin S, Breslav, L. Innovations in New York City Health and Human Services Policy: Teen Pregnancy Prevention. Urban Institute. February 2014. Retrieved from <https://www.urban.org/sites/default/files/publication/32656/413058-Innovations-in-NYC-Health-and-Human-Services-Policy-Teen-Pregnancy-Prevention.PDF>

<sup>4</sup> Teen Pregnancy Prevention. Unintended Pregnancy, Repeat Live Births, and Postpartum Contraceptive Use Among Teenage Mothers (ages 15 – 19). Retrieved from <https://www.cdc.gov/prams/pdf/snapshot-report/teenpregnancy.pdf>

<sup>5</sup> Child Trends. (2015) Databank Indicator: Late or No Prenatal Care. Retrieved from <https://www.childtrends.org/indicators/late-or-no-prenatal-care/>

<sup>6</sup> Jackson Foster L, Beadnell B, and Pecora P. (2013). Intergenerational Pathways Leading to Foster Care Placement of Foster Care Alumni's Children. National Center for Biotechnology Information, US National Library of Medicine. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4340584/>

*NYC, NY State, and national trends in teen pregnancy rates*

The national teen pregnancy rate (number of pregnancies per 1,000 females ages 15-19) has declined by 63 percent in less than 25 years — from 117.6 pregnancies per 1,000 females ages 15-19 in 1990 to 43.4 in 2013.<sup>7</sup> Consistent with national trends, data from the NY State Department of Health show a decline in teen pregnancy rates across NY State and in NYC (Figure 1). In 2005, the teen pregnancy rate in NYC was 91.8 pregnancies per 1,000 females aged 15-19 years while the rate in the rest of NY State (excluding NYC) was 40.9. In 2014, the NYC rate dropped to 48.1 pregnancies per 1,000 females aged 15-19 years, a decline of 48 percent, and 24.0 in NY State (excluding NYC).<sup>8</sup>

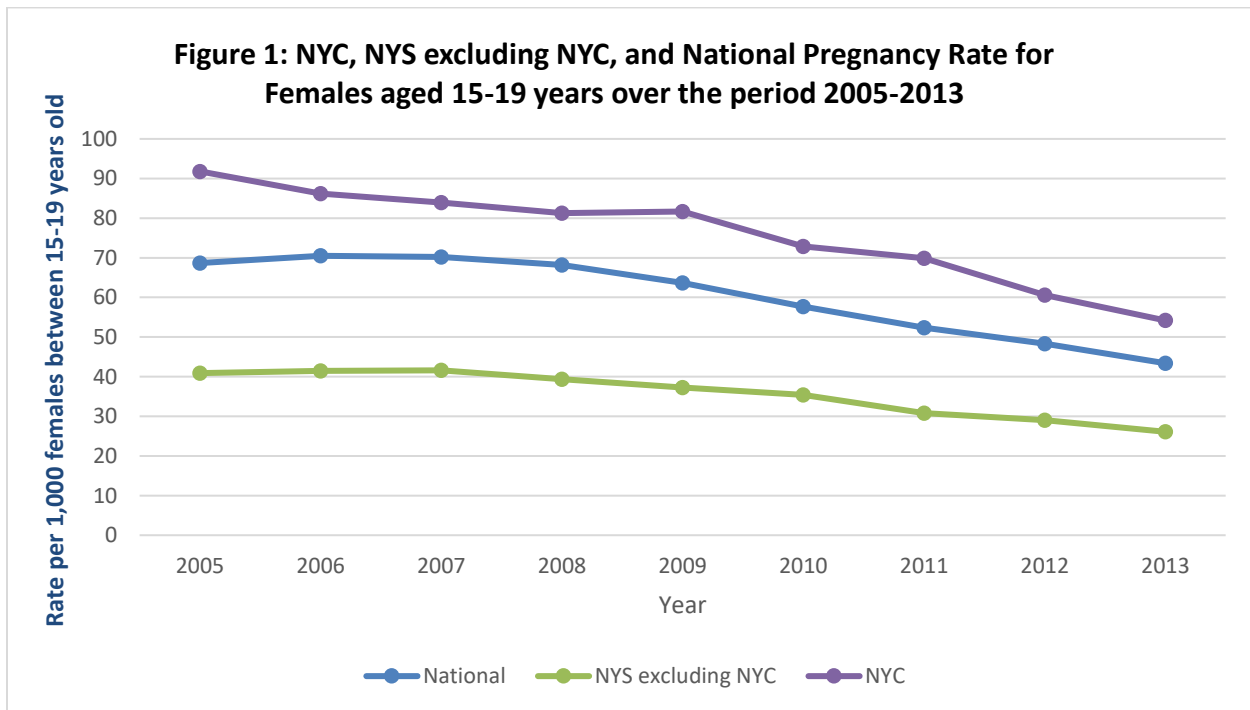


Figure 1: Teen pregnancy rate in NY State excluding NYC, NYC, and nationally from 2005 – 2013 by females between 15 – 19 years old.<sup>9</sup>

NYC also reports the teen pregnancy rate in three-year blocks. These data look similar when smoothed over three-year periods, but the smoothing allows for reporting at the Community

<sup>7</sup> This is the most recent year for which data are available. Office of Adolescent Health. "Trends in Teen Pregnancy and Childbearing." HHS.gov. June 02, 2016. <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html>.

<sup>8</sup> "New York State Teen Pregnancy Rate per 1,000 Females Aged 15-19 Years" (NYS Department of Health, n.d.), [https://www.health.ny.gov/statistics/chac/birth/b13\\_999.htm](https://www.health.ny.gov/statistics/chac/birth/b13_999.htm).

<sup>9</sup> Kathryn Kost, Isaac Maddow-Zimet, and Alex Arpaia, "Pregnancies, Births, and Abortions Among Adolescents and Young Women in the United States, 2013: National State Trends by Age, Race, and Ethnicity" (Guttmacher Institute, August 2017), [https://www.guttmacher.org/sites/default/files/report\\_pdf/us-adolescent-pregnancy-trends-2013.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/us-adolescent-pregnancy-trends-2013.pdf).

District level and smaller geographies. We use the yearly rate here because more recent data are available.

NYC has made progress in reducing disparities in the teen pregnancy rate across different subgroups. Low income New Yorkers have higher teen birth rates than city residents with more financial resources. The same holds for disparities between Black and Latino teens compared with White and Asian/Pacific Islander teens. And in areas where race and low-income overlap—which are also areas of high child welfare activity, disparities increase. Still, from 2010 to 2015, a similar decline in teen pregnancy rates was seen across different poverty levels (low, medium, high, or very high) in varying neighborhoods across NYC. The pregnancy rate dropped even more over the 2010-2015 period among NYC teens in three of the most disadvantaged neighborhoods (East and Central Harlem, North and Central Brooklyn, and the South Bronx) served by three Health Action Centers funded by NYC’s Department of Health and Mental Hygiene (DOHMH).<sup>10</sup>

### *NYC, NY State, and national trends in teen birth rates*

Trends in teen birth rates have followed a pattern similar to teen pregnancy rates (see Figure 2). From 2005 to 2015, the NYC teen birth rate dropped by almost half, from 36.5 per 1,000 females ages 15 to 19 in 2005 to 19.4 in 2015 (-47%). Nationally, the figure fell from 39.7 in 2005 to 22.3 per 1,000 females ages 15 to 19 in 2015 (-44%).<sup>11</sup> In NY State overall, the teen birth rate dropped from 26.5 in 2005 to 14.6 in 2015 (-45 percent).<sup>12</sup>

These trends likely contributed to the dramatic decline in the number of entries into foster care and the foster care census in NYC.<sup>13</sup> Teen parents are at high risk of child welfare involvement including child removal, and the declining teen birth rate resulted in thousands of fewer births among this group each year. Compared to 2005, in 2015 there were 86 fewer births to children under 15 years old, 1,684 fewer births to children 15 to 17 years old, and 2,753 fewer births to women 18 to 19 years old.<sup>14</sup> In total, there were 4,523 fewer births to teen mothers in 2015 than in 2005 (see Table 1).

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<sup>10</sup> “NYC Health: Trends in Pregnancy, Sexual Behavior, and Use of Contraception among Teens in New York City,” Epi Data Brief (New York City Department of Health and Mental Hygiene, December 2017), <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief98.pdf>.

<sup>11</sup> Source: Martin, J.A., Hamilton, B.E., Osterman, M.J., Driscoll, A.K., & Drake, P. (2018). *Births: Final data for 2016*. Hyattsville, MD: National Center for Health Statistics.

<sup>12</sup> See <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm> last accessed August 13, 2018.

<sup>13</sup> See A. Yaroni and T. Ross. 2014. “Innovations in NYC Health and Human Services Policy: Child Welfare Policy.” Available at <https://www1.nyc.gov/assets/opportunity/pdf/policybriefs/child-welfare-brief.pdf> last accessed August 18, 2018.

<sup>14</sup> These data are obtained from NYS Department of Health— Table 7: Live Births by Mother’s Age and Resident County New York State & New York City 2005. Retrieved from [https://www.health.ny.gov/statistics/vital\\_statistics/2015/table07.htm](https://www.health.ny.gov/statistics/vital_statistics/2015/table07.htm) last accessed August 13, 2018.

**Figure 2: Teen Birth Rate in New York State and City from 2009-2014**

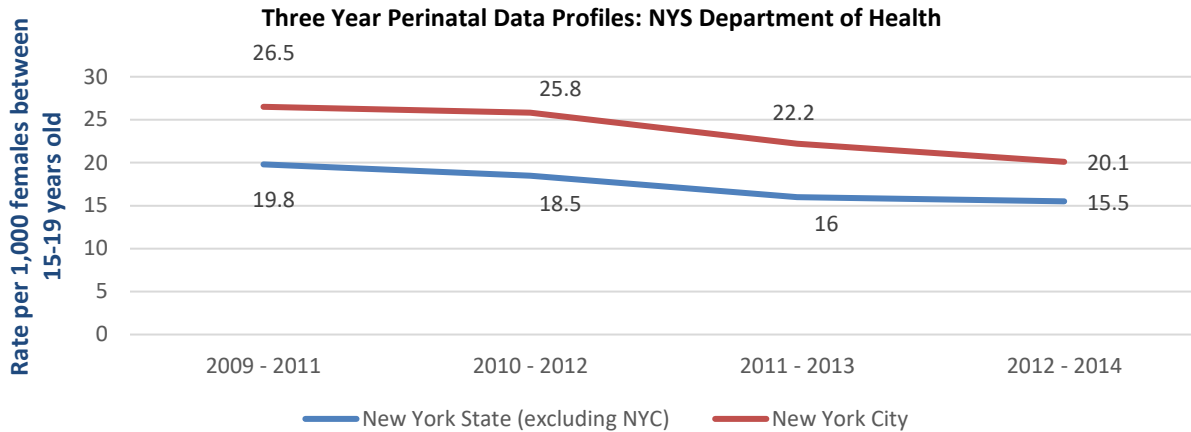


Figure 2: Teen birth rate in New York State and City from 2009 – 2014 by 1,000 females between 15 – 19 years old.

**Table 1: Teen Births in New York City, 2005 and 2015**

Source: New York State Department of Health and Mental Hygiene\*

<b>Teen Births in NYC by Mother’s Age</b>				
	Total teen births	<15 years	15-17 years	18-19 years
2005	8,523	136	2,758	5,629
2015	4,000	50	1,074	2,876
2005-2015 change	-4,523	-86	-1,684	-2,753

\*See footnote 14 for full citation.

Though teen birth rates declined overall and for the subgroups on which DOHMH reports, disparities among racial and economic subgroups remain.<sup>15 16</sup> Even though the most recent numbers show that the NY State and NYC teen birth rates are lower than the national rate,<sup>17</sup> community districts with high poverty rates and predominantly minority youth have teen birth rates 150 to 200 percent higher than the city average.<sup>18</sup> These neighborhoods also have high rates of child welfare investigations and foster care entries.

<sup>15</sup> Astone N, Martin S, Breslav, L. Innovations in New York City Health and Human Services Policy: Teen Pregnancy Prevention. Urban Institute. February 2014. Retrieved from <https://www.urban.org/sites/default/files/publication/32656/413058-Innovations-in-NYC-Health-and-Human-Services-Policy-Teen-Pregnancy-Prevention.PDF>

<sup>16</sup> Social Determinants and Eliminating Disparities in Teen Pregnancy. (October 2017). Retrieved from <https://www.cdc.gov/teenpregnancy/about/social-determinants-disparities-teen-pregnancy.htm>

<sup>17</sup> Power to Decide, the campaign to prevent unplanned pregnancy. (2018). National Data. Retrieved from <https://powertodecide.org/what-we-do/information/national-state-data/national>

<sup>18</sup> See the Keeping Track database at <http://data.cccnewyork.org>, which draws from NYC and U.S. Census Bureau sources.

### *Measuring Pregnancy and Birth Rates Among Foster Youth*

Studies show that young women living in foster care are more than twice as likely to become pregnant than those not in foster care and have high rates of repeat pregnancies while in care.<sup>19</sup> Higher rates of high-risk sexual behavior and difficulty accessing contraception and other reproductive health services compared to non-foster peers drive these findings.<sup>20</sup> <sup>21</sup> Studies show that 33 percent of girls transitioning out of foster care become pregnant by age 17 and 50 percent by age 19.<sup>22</sup>

Neither NYC nor any other jurisdictions that we know of routinely collect and disseminate data on pregnancy, birth, or parenting rates among foster youth. No national statistics are available.<sup>23</sup> There are several evidence-based programs and practices that have been adapted for foster youth, but despite investments by the federal Office of Adolescent Health during the Obama administration, as yet there are no evidence-based pregnancy prevention programs that are proven to work with youth in foster care.<sup>24</sup>

NYC, however, makes several efforts to address teen pregnancy and child bearing among foster care youth. ACS released a Sexual and Reproductive Health Care for Youth in Foster Care policy and procedures document in 2014 that outlines youth's rights to confidential reproductive health information and services and the standards that foster care providers are expected to meet.<sup>25</sup> Specifically, ACS policy mandates that youth in foster care have access to reproductive health care services without the knowledge or consent of parents or guardians and that agencies provide youth with up-to-date reproductive health information and referrals and develop pregnancy prevention strategies. Furthermore, ACS coordinates trainings for foster care providers that help providers develop reproductive health policies; address legal, consent, and confidentiality issues; and inform agency healthcare staff about best practices in discussing sexual and reproductive issues with youth.<sup>26</sup> NYC ACS also supports agencies that have "mommy and me" residential programs that have parenting youth in foster care agencies. The

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<sup>19</sup> Boonstra HD. Teen pregnancy among women in foster care: a primer. *Guttmacher Policy Review*. 2011; 14(2).

<sup>20</sup> See Sara C. Carpenter et al., "The Association of Foster Care or Kinship Care With Adolescent Sexual Behavior and First Pregnancy," *Pediatrics* 108, no. 3 (September 1, 2001): e46, <https://doi.org/10.1542/peds.108.3.e46>; Amy Sullivan, "Teen Pregnancy. An Epidemic in Foster Care," July 22, 2009, <http://content.time.com/time/nation/article/0,8599,1911854,00.html>

<sup>21</sup> See Dworsky, A. & DeCoursey, J. (2009). *Pregnant and Parenting Foster Youth: Their Needs, Their Experiences*. Chicago: Chapin Hall at the University of Chicago; Love, L. T., McIntosh, J., Rosst, M., & Tertzakian, K. (2005). *Fostering hope: Preventing teen pregnancy among youth in foster care*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

<sup>22</sup> Dworsky, A. & Courtney, M. (2010). The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. *Children and Youth Services Review*. 32. 1351-1356. 10.1016/j.childyouth.2010.06.002.

<sup>23</sup> Boonstra, 2011

<sup>24</sup> For many reasons, developing an evidence base for programs that work with foster youth is challenging. For a list of promising practices, see <https://teenpregnancy.acf.hhs.gov/blog/bright-future-youth-foster-care>, and <https://www.hhs.gov/ash/oah/sites/default/files/ppa-findings-fact-sheet.pdf>

<sup>25</sup> See <https://www1.nyc.gov/assets/acs/policies/init/2014/B.pdf>

<sup>26</sup> "Sexual and Reproductive Health Care for Youth in Foster Care," Best Practice Guide (New York City Administration for Children's Services, 2013), <https://www1.nyc.gov/assets/acs/policies/init/2013/I.pdf>.



New York Foundling’s Young Mother’s Support Program<sup>27</sup> and Rising Ground’s (formerly known as Leake and Watts) Mother and Child Program<sup>28</sup> are examples of agencies supporting young mothers to continue their education and secure stable housing while in care. As a follow up to the Interagency Foster Care Taskforce report, ACS plans to increase referrals to home visiting programs for pregnant and parenting youth.<sup>29</sup>

### *Explanations for lack of data*

Regulations and measurement issues explain why so little data are available. Laws and regulations mandate strong confidentiality protections of both individual health data and foster care status. Case planners are required to record pregnancies in case notes in Connections (New York State’s administrative data system) if they know they occurred, but medical providers are not required to inform case planners of pregnancies. As a result, ACS does not have reliable aggregate pregnancy data. Reports of births to NYC DOHMH do not include data on the mother or father’s foster care status. Provider agencies enter births in Connections (see below), but there is no “check box” to easily aggregate these data. While some studies have matched foster care census data and vital statistics data, including studies supported by the Hilton Foundation, to our knowledge *routine* matching does not occur in any foster care system.<sup>30</sup>

There are also measurement issues in determining pregnancy and birth rates among foster youth that would be comparable to the general population rates discussed above. To calculate pregnancies that took place in foster care requires knowing when youth entered and exited foster care and comparing that to a date of conception. The episodic nature of foster care makes identifying a denominator challenging. For many teens, foster care spells are brief, frequently lasting less than 45 days. Unlike children, who enter foster care primarily as the result of abuse/neglect petitions, teens enter foster care through several legal channels.<sup>31</sup> Measuring “who counts” as a foster youth is an issue that requires tough compromises.

### *A possible solution*

In the absence of comparable pregnancy and birth rate metrics for foster youth, there are two alternative measures for stakeholders to consider. First, it may be possible to calculate the number of births per 1,000 transition age youth foster care days. Connections includes data on the family members of youth in care, including new family members born to youth while in care. Because agencies are responsible for providing additional financial supports to foster parents when foster youth are parenting, these data are likely of high quality.<sup>32</sup> Second, calculating the

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<sup>27</sup> New York Foundling. 2018. Young Mother’s Support Program. Retrieved from <https://www.nyfoundling.org/program/young-mothers-support-program/>

<sup>28</sup> Rising Ground. 2018. Mother and Child Program. Retrieved from <https://www.risingground.org/program/mother-child-program/>

<sup>29</sup> See <https://www1.nyc.gov/assets/acs/pdf/testimony/2018/TaskForceReport.pdf>, page 36.

<sup>30</sup> See Emily Putnam Hornstein et al. 2017. [http://www.datanetwork.org/wp-content/uploads/2017/01/Cumulative-Teen-Birth-Report\\_final.pdf](http://www.datanetwork.org/wp-content/uploads/2017/01/Cumulative-Teen-Birth-Report_final.pdf)

<sup>31</sup> See Ross. T. (2009). *The Challenges of Collaboration*. Washington, DC: Urban Institute Press, chapter 5.

<sup>32</sup> We have not explored these data. Children born to youth in care may or may not enter foster care themselves. Our understanding is that newborns of youth in foster care share the same case number as the removed parent. If the child of the minor parent is removed, they have their own separate case.

number and rate of parenting foster youth at a point-in-time would provide data to inform decisions on funding levels for parenting foster youth. Point-in-time data include fewer short stayers, so this metric would focus on the population of greater need—parenting youth at risk of aging out of the foster care system—as well as on youth with whom public and provider agencies have more contact. Using the same date(s) each year would adjust for seasonality. Extracting these data from administrative systems will not increase the data collection burden on public or private agency staff.

### CONCLUSION

NYC’s teen pregnancy and birth rates have plummeted, as have state and national rates. This trend has implications for the city’s child welfare system, likely contributing to a reduction in the number of children coming into care. We know less, however, about the number of births that take place in foster care and the number of parenting youth in care. The measures proposed here would allow ACS and other stakeholders to learn more about the size of this population and help us understand the ACS’s progress in serving this vulnerable group.

### *Appendix: Measuring teen birth and pregnancy rates in NYC, NY State, and nationally*

Birth data are produced by the NYC DOHMH Bureau of Vital Statistics and population data come from US Census Bureau enumerations and estimates. State law requires that medical facilities report information concerning pregnancies and births.<sup>33</sup> This information includes pregnancies, live births, induced terminations, and miscarriages and, when available, demographic information on the parents involved.<sup>34</sup> The data are reported on a yearly basis for larger geographical units and for three-year periods at the Community District level and smaller geographies. The rates are reported as births per 1,000 females from 10 to 14 years old, 15 to 17 years old, and 18 to 19 years old.

The National Vital Statistical Report, issued by the Center for Disease Control and Prevention's (CDC) Division of Vital Statistics, uses standardized teen birth data from the states and the District of Columbia with the same age ranges. Disaggregating the 18 to 19-year-old group makes sense: in 2016, the national teen birth rate for the 15 – 17 range was 8.8 per 1,000 females compared to 37.5 for 18 to 19 years.<sup>35</sup> Since the federal rates are aggregates of the 50 states and DC, New York State and City stakeholders often compare local teen birth rates to the national data to measure performance.

The teen pregnancy rate comes from the same data source and is composed of the number of pregnancy outcomes (births, terminations, and miscarriages) divided by the number of teen females in an age category as calculated using U.S. Census Bureau population estimates.<sup>36</sup> NY State often reports the overall rate, and then rates for NYC and the rest of the state excluding NYC.

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<sup>33</sup> See NY Public Health Law 4130-4138D.

<sup>34</sup> Vital Statistics: Birth and Death Files. Retrieved from [https://www.nyam.org/media/filer\\_public/dd/ef/ddef07c0-8801-484e-8a7e-aa46b9e6cef1/vital\\_statistics\\_birth\\_\\_death\\_files.pdf](https://www.nyam.org/media/filer_public/dd/ef/ddef07c0-8801-484e-8a7e-aa46b9e6cef1/vital_statistics_birth__death_files.pdf)

<sup>35</sup> Martin J, Hamilton B, Osterman M, Driscoll A, Drake P. (2018). Births: Final Data for 2016. *National Vital Statistics Reports, Volume 67 (1)*. Retrieved from [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_01.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf)

<sup>36</sup> Kost K, Maddow-Zimet I and Arpaia A, *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2017, <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013>.