



# Teen Pregnancy & Risk Indicator Report

*Deltona, Florida  
February 2010*

*Presented by:*



Coalition of Flagler & Volusia Counties

[www.healthystartfv.org](http://www.healthystartfv.org)

*Funded in part by a grant from:*





## **Purpose**

The Healthy Start Coalition of Flagler and Volusia Counties, Inc., submitted a proposal to One Voice for Volusia in an effort to abstract, analyze and present data associated with teen pregnancy in Deltona, Florida. The attached report reviews risk indicators such as smoking, use of alcohol and/or other drugs, depression and subsequent teen pregnancy. Data was collected from young women screened by Healthy Start prenatally or during the postnatal period. This report was compiled in order to make recommendations for strategy development regarding service delivery in the target area and engage stakeholders in solution-driven discussion.

## **What is Healthy Start?**

### ***History***

Healthy Start Coalitions were created by the Florida Legislature in 1991 as part of the landmark Healthy Start initiative (s.383.2161, F.S.). The intent of the Healthy Start initiative is to improve the health and well being of Florida's pregnant women and young children. The goal of Healthy Start is to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. Two of the major components of this comprehensive legislation were the creation of the Healthy Start program and Healthy Start Coalitions. The Healthy Start Coalitions were given the legislative mandate to ensure that adequate and accessible systems of care are in place for all pregnant women and young children. In order to achieve this comprehensive directive, Healthy Start Coalitions are required to perform a number of key functions, including the following:

- Building and maintaining broad community input and collaboration
- Increasing overall public awareness of the importance of investing in pregnant women and children
- Performing short and long range planning for the target population
- Allocating available federal and state maternal and child health funds on a local level for the provision of Healthy Start services

The Healthy Start Coalition of Flagler and Volusia Counties was established in 1992. The Coalition has grown in depth and scope over the past 15 years in response to the changing needs of our community's pregnant women, babies and young children. Since its inception, Healthy Start has become an integral part of our local systems of maternal and child health care.

### ***Mission***

The Mission of The Healthy Start Coalition of Flagler and Volusia Counties is to promote a system of care that optimizes/maximizes healthy outcomes for pregnant women and young children.

The Healthy Start Coalition of Flagler and Volusia Counties is a 501(c)3 not-for-profit organization with a legislative mandate to facilitate a community and data driven process for ensuring that:

- Pregnant women have access to prenatal care
- Universal risk screening is available for pregnant women and infants
- Women of child bearing age have access to interconception care service
- Infant mortality is reduced
- Services support positive health and developmental outcomes for children 0-3 years of age

## **Healthy Start Screen and Service Data**

Data from completed Healthy Start screens is recorded daily into a statewide database. Summary reports generated by geographic location, race, ethnicity, etc. allow researchers to identify community-specific issues and trends among expecting mothers and their babies. The screening instruments address a wide variety of topics to identify potential risk factors for poor perinatal outcomes, and are often the only available documentation of specific risks, behaviors and circumstances that occur within a particular community.

The data utilized for this report regarding risk indicators and overall birth data are from the Florida Department of Health Florida CHARTS and the Healthy Start prenatal and post natal risk screening instruments from Deltona postal zip codes 32725, 32728, 32738, and 32739. A copy of these screening instruments is provided in the attachments section of this document. All data provided in this report is for periods covered during 2005 – 2007 and are presented in aggregate unless otherwise specified. Where available, 2008 data has been included.

Where appropriate, information has also been obtained for comparison to the state of Florida and the U.S.

## **Target Area and Population**

Deltona Florida is located in the western part of Volusia County, Florida and is centrally located between Daytona Beach and Orlando. It is often considered to be an "edge city" of Orlando. Deltona abuts the rural communities of Cassadaga, Enterprise and Osteen. It is adjacent to the cities of Orange City and DeBary. Currently the most populous city in Volusia County, Deltona has experienced significant growth in the last two decades.

Approximately 72.7% of the population in Deltona is reported as white, non-Hispanic, 18.3% Hispanic, and 7.0% Black, and 0.9% Native American.. 7.4% are reported as "other race" or "two or more races." (Total can be greater than 100% because Hispanics could be counted in other races).

## **Teen Pregnancy in the U.S.**

According to the Guttmacher Report on Teens' Sexual and Reproductive Health, ten percent of all U.S. births are to teens age 15 – 19 years of age, approximately 750,000 annually. In 2006, there were 71.5 teen births per 1,000 women aged 15-19 years of age. The rate declined 41% from its peak in 1990 to a low in 2005 of 69.5. Eighty-two percent of teen pregnancies are unplanned and account for about one-fifth of all unintended pregnancies annually.

## **Teen Pregnancy in Florida**

In Florida, 350,550 of the 3,205,880 women of child bearing age become pregnant each year. Of these, 48,440 are to teen mothers 19 years old or younger. Florida's teen pregnancy rate declined by 22% between 1992 and 2000 but has experienced an increase in the last three years.

## Local Data

In order to provide a snapshot of information regarding teen pregnancy in Deltona, information is provided regarding the total number of births in Florida and Volusia County as well as the number of infant screens completed.

Screening information specific to Deltona was then isolated and significant risk indicators were identified for review. These include:

- Use of tobacco in the last two months
- Use of drugs or alcohol in the last 2 months
- Medium or high stress level
- Timing of pregnancy
- Moved more than 3 times in the last year
- Someone has hit or hurt you in the last year
- Previous pregnancy resulted in a negative outcome
- Current or previous problem with depression

Responses to the above questions are self reported and administered in a health practitioner's office typically during the first prenatal visit.

In Table 1, screening information is provided that compares Deltona to the state of Florida, Volusia County, the West Volusia County area (inclusive of Deltona zip codes as well as postal zip codes 32720, 32721, 32722, 32723, and 32724). There were a total of 702,505 births in the state, of which 10.8% were to mothers aged 19 and younger. 78% of mothers to infants born completed a screening form. Mothers aged 19 and younger completed 12% of the total infant screens for the state.

**Table 1**

<b>Geographic Area</b>	<b>Total # Births</b>	<b>Total Births to mothers age 19 and under</b>	<b>Total Infant Screens completed</b>	<b>Total Infant Screens completed on mothers age 19 and under</b>
Florida	702,505	76,506	551,006	66,424
Volusia	15,773	1,910	9,397	1,114
West Volusia	6,526	815	3,633	413
Deltona	3,453	379	1,137	226

In 2008 alone, there were a total of 99 mothers aged 19 and younger who completed a prenatal screening instrument.

In the table below, data is provided which shows a rolling average for significant risk factors for 2005-2007 as well as factors reported in 2008. During 2005-2007 there were 226 screens completed by mothers age 19 and younger. During 2008, there were a total of 99.

**Table 2**

<b>Prenatal Risk Factor</b>	<b>2005-2007 (N=226)</b>	<b>2008 (N=99)</b>
Used tobacco within the last 2 months	23%	17%
Used drugs and alcohol in the last 2 months	7%	5%
Stress level medium or high	67%	50%
Would change the timing of the pregnancy to later or not at all	53%	49%

During 2005-2007, 23% (or 52 of 226) reported use of tobacco within the last 2 months prior to completing the screen compared to 17% (or 17 of 99) in 2008. 7% reported using drugs or alcohol within 2 months of completing the screen in 2005-2007, compared to 5% in 2008. When asked of their stress level was low, medium, or high, 67% responded medium to high during 2005-2007 compared to 50% in 2008. Interestingly, when asked about the timing of their pregnancy, slightly more than half responded that they would have preferred to be pregnant later or not at all. The respondents in 2008 were slightly lower at 49%.

**Table 3**

<b>Prenatal Risk Factor</b>	<b>2005-2007 (N=226)</b>	<b>2008 (N=99)</b>
Moved more than 3 times in the last year	12%	5%
Has anyone hit or hurt you in the last year?	5%	5%
Previous pregnancy* resulted in poor outcome	72/226 = 32% 11/72 = 15%	27/99 = 20.2% 2/18 = 11.0%
Have you now or ever had a problem with depression?	40/226 = 18%	26/99 = 26.0%

The above table provides information on additional risk factors that specifically can result in poor birth outcomes and are indicators related to quality of life as well as subsequent pregnancy. During 2005-2007, 12% responded that they had moved more than 3 times in the last year, with a decline of 7% for 2008. 5% of the respondents self reported that someone had hit or hurt them in the last year for all periods.

When asked if there had been a previous pregnancy with a poor outcome, 32% for the period 2005-2007 responded and 15% of those respondents indicated that the outcome was negative. In 2008, 20.2% responded to the question and 11% of those indicated that the outcome was negative. Most notable about the responses to this risk indicator is the implication of subsequent pregnancies of a rate of 32% in 2005-2007 and 20.2% in 2008.

In response to the question regarding depression, 18% of the respondents for the period 2005-2007 answered yes and 26% of those who responded in 2008 answered yes.

## **Summary**

The data presented in this report is an extremely small snapshot of information and should be viewed within that context. However, certain conclusions are reasonable and can provide insight about directions for further exploration and strategic planning.

Though the teen pregnancy and birth rate for the Deltona area is not significantly higher or lower than the county, state or nation, subsequent teen pregnancy rates are higher than average. In addition, the rate of those that resulted in a negative outcome is worth further study.

Similarly, the number of teens who reported using drugs or alcohol during their pregnancy does not appear higher than average. However, the rate of pregnant teens who reported current or previous depression is an indicator that relates both to pregnancy outcome as well as quality of life. While the teen years can be full of turmoil and emotional “ups and downs,” this population of teens face significant challenges that impact their futures and the futures of their babies. Emotional wellbeing has a relational impact on developing children on multiple levels.

## **Recommendations**

The following recommendations are submitted based on the contents of this report and additional data sets that were obtained during the course of developing this snapshot.

- Conduct additional analysis to compare teen birth outcomes in comparison to other known risk factors to determine more specifically where to target social marketing strategies and service delivery.
- Expand efforts to educate teen males and females about reproductive health and pregnancy prevention.
- Develop strategies associated with interconceptional education and care for all identified pregnant teens designed to prevent subsequent births during the teen years.
- Develop mechanisms for addressing mental and emotional health of adolescent girls in venues that can assess risk and implement resiliency strategies.
- Conduct community engagement activities designed to increase community awareness about teen pregnancy and associated risk factors.
- Make a commitment to addressing risk factors such as smoking, alcohol and other drug use, and domestic violence in multiple venues through multiple methods.



# Help your baby have a healthy start in life!



Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are **confidential**. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)\*

Today's Date: \_\_\_\_\_

	YES	NO
1. Have you graduated from high school or received a GED?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you married now?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any children at home younger than 5 years old?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any children at home with medical or special needs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is this a good time for you to be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last month, have you felt down, depressed or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last month, have you felt alone when facing problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever received mental health services or counseling?	<input type="checkbox"/>	<input type="checkbox"/>
9. In the last year, has someone you know tried to hurt you or threaten you?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble paying your bills?	<input type="checkbox"/>	<input type="checkbox"/>

11. What race are you? Check one or more.

White  Black  Other \_\_\_\_\_

12. In the last month, how many alcoholic drinks did you have per week?

\_\_\_\_\_ drinks,  did not drink

13. In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes)

\_\_\_\_\_ cigarettes,  did not smoke

14. Thinking back to just before you got pregnant, did you want to be.....?

pregnant now  pregnant later  not pregnant

15. Is this your first pregnancy?

Yes  No If no, give date your last pregnancy ended:  
Date: (month/year) \_\_\_\_\_

16. Please mark any of the following that have happened.

Had a baby that was not born alive  
 Had a baby born 3 weeks or more before due date  
 Had a baby that weighed less than 5 pounds, 8 ounces  
 None of the above

PATIENT INFORMATION	Name: First _____ Last _____ M.I. _____ Social Security Number: _____ Date of Birth (mo/day/yr): _____ 17. Age: <input type="checkbox"/> <18
	Street address (apartment complex name/number): _____ County: _____ City: _____ State: _____ Zip Code: _____
	Prenatal Care covered by: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____ Best time to contact me: _____ Phone #1 _____ Phone #2 _____

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

\* If you do not want to participate in the screening process, please complete the patient information section only and sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDER ONLY	LMP (mo/day/yr): _____ EDD (mo/day/yr): _____	18. Pre-Pregnancy: <input type="checkbox"/> < 19.8 <input type="checkbox"/> > 35.0 Wt: _____ lbs. Height: _____ ft. _____ in. BMI: _____
	Provider's Name: _____ Provider's ID: _____	19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
	Provider's Phone Number: _____ Provider's County: _____	20. Trimester at 1st Prenatal Visit? _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2nd
	Healthy Start Screening Score: _____	21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes
	Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> Not Referred to Healthy Start.	
Provider's/Interviewer's Signature and Title _____ Date (mo/day/yr) _____		

DH 3134, 4/08, Stock Number: 5744-100-3134-7

Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred  
PINK—Retained in patient's record GREEN—Patient's Copy



# INFANT RISK SCREEN

Use ink. Be certain to check the appropriate boxes at the top of the birth certificate.



Pursuant to § 383.14(1)(b) and 383.011(1)(e), F.S., this form must be completed for each infant and submitted to the local County Health Department, Office of Vital Statistics.

## MOTHER

Mother's Name:	First	Last	Maiden
	Mother's Date of Birth		Mother's Social Security Number

## INFANT

Infant's Name:	First	Last	Infant's Date of Birth	Boy	Girl
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Name of Infant's Doctor/ HMO or Group: \_\_\_\_\_ Name of birth hospital/facility: \_\_\_\_\_  
 Was the infant transferred?  No  Yes If Yes, enter name of facility transferred to: \_\_\_\_\_  
 Was the infant admitted to neonatal intensive care unit for more than 24 hours?  No  Yes  Unknown

**SECTION 1: COMPLETED BY PATIENT**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (please initial) I am interested in having my infant screened for risks that could affect his/her health or development in the first year of life.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (please initial) If my infant is referred, Healthy Start may contact me.

I can be reached at (home phone): \_\_\_\_\_ or (work or contact phone): \_\_\_\_\_

Street Address: \_\_\_\_\_  
(Give either street address with bldg.#, apt.# or lot# or directions to baby's home)

Mailing Address: \_\_\_\_\_  
(if different from street address)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (please initial) By initialing yes, I am giving my written permission on behalf of my infant for release of the confidential information on this form and any information provided during his/her evaluation for service by Healthy Start to Healthy Start care coordination providers, Healthy Start Coalitions, Healthy Families Florida, WIC, and my health care providers for the following purposes: care coordination, payment of claims for services, quality improvement of services, or screening for program eligibility. This includes any medical, mental health, alcohol/drug abuse, sexually transmitted disease, tuberculosis, HIV/AIDS, and adult or child abuse information. This authorization shall remain in effect unless withdrawn in writing.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date (mo/day/yr)

**SECTION 2: BY PROVIDER**

*All item numbers correspond to the numbers on the Birth Certificate. Write the point(s) on the appropriate lines, and add for the total score.*

Item 16	①	Mother's age is less than 18 or unknown
Item 32	②	Mother is over 18 and mother's education is less than 12th grade or unknown
Item 30	①	Mother's race is unknown, other than white, or multiple races selected
Item 15	①	Mother is not married
Item 36d	④	The number of prenatal visits is zero, one, or unknown
Item 4	④	Infant's birthweight is less than 2000 grams or less than 4 pounds, 7 ounces
Item 40	①	Mother used tobacco during pregnancy and number of cigarettes per day is more than nine or unknown
Item 41	①	Mother used alcohol during pregnancy or alcohol use is unknown
Item 54	④	Abnormal conditions of the newborn include hyaline membrane disease/RDS, or assisted ventilation required (for 30 minutes or more) or assisted ventilation required (for 6 hours or more)
Item 55	④	Infant has one or more congenital anomalies

\_\_\_\_\_  
Infant's Healthy Start Screening Score

**CHECK ONE**  Referred to Healthy Start based on score.  
 Referred to Healthy Start based on factors other than score. Specify : \_\_\_\_\_  
 Not referred to Healthy Start or Patient declined Healthy Start.

BE CERTAIN TO CHECK THE APPROPRIATE BOXES AT THE TOP OF THE BIRTH CERTIFICATE.

I have explained the Healthy Start program, and if screened, the patient's screening score.

\_\_\_\_\_  
Provider's/Interviewer's Signature and Title

\_\_\_\_\_  
Date (mo/day/yr)

DH 3135, 01/04 stock number 5744-100-3135-5  
 Distribution of copies: WHITE & YELLOW - With Birth Certificate  
 PINK - To Baby's File  
 GREEN - Parent's Copy

NO ATTACHMENTS MAY BE ADDED TO THIS FORM.



## References

Florida Department of Health Healthy Start Standards and Guidelines Revised 2009.

Florida CHARTS <http://www.floridacharts.com>

Healthy Start Coalition of Flagler and Volusia Counties, Inc., 2005-2008 Florida Department of Health Prenatal and Infant Screening data reports.

Moore K. Teen Births: Examining the Recent Increase. Washington, D.C.: The National Campaign to Prevent Teen and Unplanned Pregnancy; 2008.

U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, 2010, <http://www.guttmacher.org/pubs/USTPtrends.pdf>

<http://www.city-data.com/city/Deltona-Florida.html#ixzz0gl1A7wI>

<http://www.thenationalcampaign.org/state-data/state-profile.aspx?state=florida>

<http://www.deltonaforyou.org/teenpregnancy.html>

<http://www.healthyteensflorida.org>