The Risks of Teen Childbearing: Are Later Children Born to Former Teen Mothers at Risk?

The children of teen mothers tend to have poorer health, lower cognitive development, and worse educational and social outcomes. However, little is known about these children as they age into young adulthood. To understand more about the risks to these children, researchers analyzed retrospective data from Manitoba, Canada and compared outcomes for children born to teen mothers, for subsequent children born to women aged 20 years or older who had been teen mothers (prior teen mothers), and for children of women who delayed childbearing until their 20s or older (never teen mothers). Through age 17, children of teen or prior teen mothers experienced mortality rates 2-4 times higher than those of children born to never teen mothers. Compared with children of never teen mothers and taking into account various demographic and medical factors, children born to teen or prior teen mothers were more than twice as likely not to graduate from high school, half again as likely to be placed in foster care, about 3 times as likely to receive income assistance as a young adult, and the girls were 3-4 times as likely to be teen mothers themselves. These findings suggest that the definition of risk associated with teen motherhood needs to expand to include the subsequent children born to prior teen mothers in addition to those born to teenagers. (Contact Douglas Jutte, MD, MPH, 415-425-7171)

The Risks of Teen Childbearing: Rehospitalization and Emergency Care Use among Premature Infants

Premature infants have greater rates of rehospitalization and more frequent emergency department use than full term infants. However, little is known about the effects of maternal age, in particular teen motherhood, on health service use of premature infants. Using data about service use by premature infants from the Kaiser Permanente Medical Care Program, researchers compared the experiences of those infants born to teenage mothers and those born to women aged 20-29. While rates of readmission for surgical reasons were similar, the medical readmission rate for premature infants of adolescent mothers (25%) was almost double the medical readmission rate for infants of young adult mothers (13.3%, p=0.007). Over half (51.3%) of infants born to adolescent mothers visited an ED in the first year after NICU discharge, compared to 26.8% of infants born to young adult mothers (p<0.001). After taking illness severity and other factors into account, compared with premature infants born to mothers aged 20-29 years, premature infants of teen mothers were 3.5 times as likely (95% confidence interval [CI] 1.81 – 7.05) to be rehospitalized for a medical condition and 3.6 times as likely (95% CI 2.11-6.39) to have an emergency department visit. No difference was seen in readmission rates for surgical conditions. Interventions that target adolescent mothers of neonatal intensive care unit graduates might have the strongest effect on helping avoid rehospitalization and emergency care if implemented before or very shortly after NICU discharge. (Contact Kristin N. Ray, MD, 267-258-0449)

This issue also includes a commentary by Paul Wise, MD, MPH about child health policy and the risks associated with teen childbearing.
Are Parents Able to Understand Infant Health Information?

The National Assessment of Health Literacy found that approximately 90 million Americans have basic or below basic literacy skills and 110 million have basic or below basic quantitative skills (numeracy). For parents or caregivers, poor literacy and numeracy skills may create difficulties in understanding and applying health information to care for their children. To learn more about parents’ literacy skills, researchers assessed skills and developed a health literacy scale, the Parental Health Literacy Activities Test (PHLAT) that related to the care of young children. Mean score on the PHLAT was 68% (SD 18). For example, only 47% of caregivers could correctly describe how to mix infant formula from concentrate, and only 69% could interpret a digital thermometer to determine if an infant had a fever. Higher performance on the PHLAT was significantly correlated (p<0.001) with education, literacy skill, and numeracy level (r=0.29, 0.38, and 0.55 respectively). Caregivers with higher PHLAT scores were also more likely to interpret age recommendations for cold medications correctly (odds ratio 1.6, 95% confidence interval .02, 2.6). Improving the clarity of child health information through the use of interactive health-education materials, user-friendly medication labels, and personal health records may be among the critical factors in efforts to improve the pediatric medical home. (Contact Russell Rothman, MD, MPP, 615-936-2149)

Are Medical Homes More Likely to Provide Preventive Well Child Care?

The medical home, an approach to the provision of primary health care, is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Using data from the Medical Expenditures Panel Survey, researchers assessed the association between getting care in a medical home and receiving elements of well child care. Approximately 49% of respondents reported that their children received care in a medical home. Getting care from a medical home increased the odds of receiving height, weight, and blood pressure measurements and getting any health screening. (Adjusted odds ratios [AORs] ranged from 1.29-1.53 with 95% confidence intervals [CI] from 1.16-1.85, p<.01.) It also increased the likelihood of getting anticipatory guidance about diet, exercise, secondhand smoke, regular dental check-ups, bicycle helmet use, safety seat use, booster seat use, seat belt use, and any anticipatory guidance. (AORs ranged from 1.26-1.54 with 95% CIs from 1.13-1.81, p<.001.) Expanding families’ access to medical homes may improve receipt of various components of well child care. (Contact Melissa Romaine, MPH, 206-568-3415)

The official journal of the Academic Pediatric Association (APA), Academic Pediatrics provides a much-needed forum for cutting-edge work in general pediatrics. The journal focuses on areas including child health services research, pediatric education, emergency medicine, research methodology, complementary and alternative medicine, child health policy, emergency medicine, hospitalist medicine, and adolescent medicine. Academic Pediatrics is indexed in Index Medicus.

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