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Cumulative teen birth rates among girls in foster care at age 17: An analysis of linked birth and child protection records from California☆

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ABSTRACT

This study used linked foster care and birth records to provide a longitudinal, population-level examination of the incidence of first and repeat births among girls who were in foster care at age 17. Girls in a foster care placement in California at the age of 17 between 2003 and 2007 were identified from statewide child protection records. These records were probabilistically matched to vital birth records spanning the period from 2001 to 2010. Linked data were used to estimate the cumulative percentage of girls who had given birth before age 20. Birth rates and unadjusted risk ratios were generated to characterize foster care experiences correlated with heightened teen birth rates. Between 2003 and 2007 in California, there were 20,222 girls in foster care at age 17. Overall, 11.4% had a first birth before age 18. The cumulative percentage who gave birth before age 20 was 28.1%. Among girls who had a first birth before age 18, 41.2% had a repeat teen birth. Significant variations by race/ethnicity and placement-related characteristics emerged. Expanded data and rigorous research are needed to evaluate prevention efforts and ensure parenting teens are provided with the needed services and supports.

Teen birth rates in the United States have dropped dramatically and steadily during the last two decades, from 61.8 per 1,000 girls aged 15–19 years in 1991 to 34.2 per 1,000 in 2010 (Hamilton & Ventura, 2012). Since 2007, decreases in the teen birth rate have accelerated and preliminary data suggest that between 2010 and 2011, the rate was further reduced by 8% (Hamilton, Martin, & Ventura, 2012). Even in 2011, however, roughly 1 in 12 births was to a mother between the ages of 15 and 19. Furthermore, data indicate that roughly 18% of all births to teen mothers are repeat births (Hamilton et al., 2012).

Despite a declining teen birth rate, the topic continues to garner significant attention and resources because teen births are correlated with a range of poor outcomes for both young mothers and children (Basch, 2011; Patel & Sen, 2012; Perper, Peterson, & Manlove, 2010). Although rigorous research increasingly points to economic disadvantage as a cause as much as a consequence of teen motherhood (Geronimus & Korenman, 1992; Harding, 2003; Kearney & Levine, 2012; Levine,

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Emery, & Pollack, 2007; Levine, Pollack, & Comfort, 2001), regardless of the direction, the consequences are profound for children (Jaffee, Caspi, Moffitt, Belsky, & Silva, 2001). Pregnant teens often receive inadequate prenatal care and infants face a heightened risk of adverse birth outcomes, including low birth weight, preterm delivery, and infant mortality (Chen et al., 2007; Chen, Wen, Fleming, Yang, & Walker, 2008). Children of teen mothers exhibit poorer cognitive and behavioral outcomes (Brooks-Gunn & Furstenberg, 1986), as well as significantly higher rates of abuse and neglect (Flanagan, Garcia Coll, Andreozzi, & Riggs, 1995; Putnam-Hornstein & Needell, 2011). Longer term risk associated with being born to a teen mother include an increased likelihood of incarceration, adolescent pregnancy, and homelessness (Furstenberg, Levine, & Brooks-Gunn, 1990; Meade, Kershaw, & Ickovics, 2008).

Research suggests that young women in foster care are at high risk of early sexual debut, pregnancy, and giving birth during their teenage years and shortly thereafter (Carpenter, Clyman, Davidson, & Steiner, 2001; Dworsky & Courtney, 2010; Pecora et al., 2003). This heightened risk aligns with literature documenting the socioeconomic disadvantages common to teens who give birth (Kearney & Levine, 2012) as well as national data that identified a heightened rate of teen births among girls not residing with biological parents (Martinez, Copen, & Abma, 2011). Children who are in foster care are overwhelmingly from poor families. Yet, there have been limited data available with which to calculate the rates of first and repeat births among girls placed in foster care, or to examine differences in rates based on foster care placement experiences. Foster care case management systems tend to focus on a narrow set of mandated fields; information concerning pregnancies and births is often not entered, even though these data may be of critical importance to services and case planning for transition-age youth. Pregnancy and birth data are also relevant to broader program and policy development, particularly given the passage of the Fostering Connection to Success and Increasing Adoption Act of 2008, which allows states to extend foster care to nonminor dependents. Most jurisdictions have limited data to assess how this legislation may change the nature of needed services and supports with what is expected to be an increase in the number of parenting youth in the foster care system.

The current limitations of child protective services (CPS) data for tracking births necessitate the use of alternative data sources (Svoboda, Shaw, Barth, & Lyn Bright, 2012). In this study, we use statewide CPS records matched to birth records to produce a population-level, longitudinal examination of the incidence of first and repeat births among girls in foster care at age 17. Our objective was to generate new epidemiological data that would allow us to characterize birth rates for this population.

Methods

Data sources

This analysis was based on a dataset constructed by linking CPS records to vital birth records for the state of California. Child protection records were available through a university–agency data collaboration with the California Department of Social Services; vital birth records were obtained from the California Department of Public Health. These two data sources were linked using the Link Plus (Version 2.0) probabilistic matching software. Potential record pairs were generated based on a combination of unique (i.e., Social Security numbers) and nonunique (e.g., first name, last name, date of birth) personal identifiers common to both files. A clerical review was conducted to establish score thresholds for assigning each record pair as either a match or nonmatch. All uncertain pairs falling between these two score thresholds were manually reviewed and assigned a match status. The linkage of CPS and birth records for this project was approved by both state and university committees for the protection of human subjects and was reviewed and endorsed by California's Vital Statistics Advisory Committee.

After records were matched, we created a dataset consisting of the full population of girls who were age 17 and in a child welfare-supervised foster care placement between 2003 and 2007. By aggregating data for years with uncensored birth observations through the conclusion of the teen years (i.e., births before age 20), we obtained an adequately sized base population from which we could examine correlates of first and repeat teen births. Additionally, through the inclusion of all girls who were 17 and in foster care during this period, we avoided any potential biases that may arise from unrepresentative point-in-time or exit cohort samples (Courtney, Needell, & Wulczyn, 2004).

Analysis

Using these aggregated data, we calculated descriptive statistics for the full population of 17-year-old girls in foster care during this period and used birth record information to compute the cumulative rate of first births before age 18 and age 20. We report covariate differences in first birth rates as crude risk ratios (RRs) bounded by 95% confidence intervals (95% CI) with accompanying p-values. We chose to focus on these age cutoffs because births before age 18 provide an estimate of how many girls gave birth before transitioning into adulthood (and, at least historically, out of the foster care system). The cumulative rate of first births before age 20 reflects the percentage of this foster youth population who had given birth during their teens. We additionally computed rates of repeat teen births for girls who had a first teen birth before age 18 or 19. We excluded from our repeat teen birth analysis girls who had a first birth at age 19 as, almost by definition, a repeat teen birth could not have occurred.