

**Research Question: In 12 to 19 year olds, which population-focused nursing interventions result in reduced subsequent pregnancies?**

**Summary of Recommendations**

**Recommendation:** The IPHA Nursing Section: Prenatal Outcomes Evidence Base Committee found evidence that interventions offered through a multidisciplinary approach including case management, peer group education, conventional educational messages, home-based educational programs as well as school-based programs have been shown to reduce subsequent pregnancies in 12 to 19 year olds.

Rating: B

*Rationale:*

- In a study done by McDonnell, et. al, (2007), a longitudinal study of 197 teens were surveyed at 12, 18 and 24 months. The treatment group was provided case management, support groups, family group decision making, life skills education and training, leadership development and related services over 24 months. The control group did not receive services as a comparison. Goals for the project were to reduce repeat pregnancies, increase school retention and graduation, reduce substance use, and improve well being. Treatment group teens had fewer pregnancies and consequently fewer births than did control group teens and were less likely than control group teens to be at risk of contracting a sexually transmitted disease. Teens in the treatment group saw themselves as more self-efficacious, and having more social support.
- In another study by Black et. al, (2006), a home based mentoring program was examined to measure its effectiveness in preventing a second birth within 2 years of the adolescent mothers first delivery. Intervention curriculum focused on interpersonal negotiation skills, adolescent development and parenting. Curriculum was delivered bi-weekly by college age black single mothers who served as mentors until the child's first birthday in a "big-sister" format. Control group received usual care and follow-ups were done at 6, 13 and 24 months after enrollment. At the two-year point, 18% of the mothers had given birth to a second child; however births in the control group were 2.5 times higher than those in the intervention group.
- In a prospective cohort study done by Key, et. al,(2008), a school-based intervention compared subsequent births to teen mothers and their follow-up for at least 24 months or until the age of 20. Comparison was made to match subjects from the state data. Subjects participated in group meetings, case management and coordinated medical care. Subsequent births were more common in the comparison group than in the subjects (p=.001) and there was a trend toward fewer births and increased participation in medical care (p=.08) and case management (p=.08).
- Sangalang, Barth & Painter,(2006) performed a retrospective cohort study on a school based program using case management, case plans, peer group meetings, and social services. Participation in the program was associated with improved likelihood of normal birth weight (2500 grams or 5.5 lbs) and full term birth at 37 weeks or beyond. Adolescents aged 12-16 also significantly delayed a second birth compared to those not enrolled in the program. Two years after their first birth, 88% of the intervention group still had not had a second pregnancy compared to the comparison group at 85%. At 4 years, of the participants in the intervention group, 66% still had not had a second pregnancy.

**Supporting Documents**

Black, M.M., et.al,(2006). Delaying second births among adolescent mothers: a randomized controlled trial of a home-based mentoring program. *Pediatrics*,(118)e1087-e1099.

Key, J.D., Gebregziabher, M.G., Marsh, L.D., & O'Rourke, K.M.(2008). Effectiveness of an intensive school-based intervention for teen-mothers. *Journal of Adolescent Health*, (42) 394-400.

McDonnell, J.R., Limber, S.P., & Conner-Godby, J.(2007). Pathways teen mother support project: longitudinal findings. *Children and Youth Services Review*, (29) 840-855.

Sangalang, B.B., Barth, R.P., & Painter, J.S.(2006). First birth outcomes and timing of second births: a statewide case management program for adolescent mothers. *Health and Social Work*,(31)54-63.