



## Working with Pregnant and Parenting Youth: Healthy Parents, Healthy Children

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Through its Personal Responsibility Education Programs (PREP), the Family and Youth Services Bureau offers grant programs that serve pregnant and parenting youth. Overall, about one-quarter of PREP grantees target pregnant and parenting youth. This tip sheet is designed to provide PREP grantees and other youth-serving entities with resources and guidance to deliver programming to pregnant and parenting youth. We use the terms youth, adolescents, and teens interchangeably and the terms mothers and fathers when appropriate.

### OVERVIEW

Aside from their young age, adolescent parents face a host of obstacles, frequently due to social determinants of health, which are “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes” (CDC, 2018). Social determinants of health include factors like:

- socioeconomic status;
- education;
- the neighborhood and physical environment;
- employment;
- social support networks; and
- access to health care.

These factors are related to risk for adolescent pregnancy and limit the capacity of teens to parent successfully. For instance, research indicates that needs such as housing, financial support, and job training persist up to 6-months postpartum in adolescent mothers (Kumar et al., 2017). Statistics show that parenting teens who are

### Fast Facts

- Although the teen birth rate is declining, disparities continue to exist for Black, American Indian/Alaska Native, Native Hawaiian or Pacific Island, and Latinx teens.
- In 2018, the birth rate for females aged 15–19 years was 17.4 per 1,000 females.
- In 2018, unmarried mothers represented 90% of teen births among those aged 15–19.
- In 2011, 75% of births to teens aged 15–19 were unintended.
- In 2018, 16% of births to teens aged 15–19 years were repeat births.

Sources: Martin et al. (2019); Finer & Zolna (2016).

unmarried have a 200% higher risk of homelessness in comparison to unmarried non-parenting youth. Teen pregnancy is also linked to substance use (SAMHSA, 2013), foster care (Courtney et al., 2005), and intergenerational maltreatment (Dixon et al., 2005), suggesting that any services for teen parents should be trauma-informed. Rates of depression for adolescent mothers are significantly greater than for mothers who are adults (Kingston et al., 2012; Mayberry et al., 2007) and childless adolescents (Mollborn & Morningstar, 2009), and one precipitating factor is the lack of social support (Brown et al., 2012). The educational attainment of adolescent mothers is lower compared to mothers who have children as adults (CDC, 2018), and the graduation rate for adolescent mothers is lower than for public high school students in general (NCES, 2020). Taken together, these findings indicate that adolescent parents are not as well prepared for adulthood as their childless peers or for parenthood as older parents.

Compared to children of adult parents, children of adolescent parents display less well developed cognitive (Lemelin et al., 2006), language (Keown et al., 2001), and academic skills (Jutte et al., 2010; Levine et al., 2001) as well as a greater incidence of social-emotional and behavior problems (Jutte et al., 2010; Levine et al., 2001). Adolescent parents and their children can benefit from programs that address both the social determinants of health and the skills deficits that may impact their outcomes.





## UNIQUE NEEDS OF PREGNANT AND PARENTING YOUTH

Adolescent parents not only have their own physical, mental, social, and educational needs, but as parents they must provide a healthy and nurturing environment for their children.

**Exhibit 1** is a summary of their needs during both the prenatal and postpartum period.

With such a broad range of issues faced by pregnant and parenting youth, a multi-pronged approach is warranted to address their needs. Organizations that focus on adolescent parents should consider providing programming that addresses health, social, educational, financial, and parenting domains. Approaches can include implementing curricula specifically designed for pregnant and parenting youth, adopting a framework that prioritizes the needs of pregnant and parenting youth, and embracing best practices for working with pregnant and parenting youth. Each of these approaches is important, and to be most effective organizations should assess the specific needs and situations of the pregnant and parenting youth they serve and tailor their approaches accordingly.

**Exhibit 1. Needs of Pregnant & Parenting Adolescents**

Needs	
 <b>Physical and Mental Health Care</b>	<ol style="list-style-type: none"> <li>1. Access to prenatal, postnatal, and child health care</li> <li>2. Preventing rapid repeat pregnancy/ access to contraception/ encouragement for cessation</li> <li>3. Addressing depression and past trauma</li> <li>4. Receipt of treatment for substance abuse</li> </ol>
 <b>Social-Environmental</b>	<ol style="list-style-type: none"> <li>1. Housing</li> <li>2. Financial security</li> <li>3. Job and job training</li> <li>4. Support network</li> </ol>
 <b>Educational</b>	<ol style="list-style-type: none"> <li>1. Furthering education</li> <li>2. Career development</li> </ol>
 <b>Parenting and Co-Parenting</b>	<ol style="list-style-type: none"> <li>1. Ensuring a safe and nurturing environment, reducing child maltreatment</li> <li>2. Stimulating language and cognitive development</li> <li>3. Managing child behavior</li> </ol>

## PROGRAMS FOR ADOLESCENTS WHO ARE PREGNANT AND PARENTING

The following are examples of programs that address one or more issues faced by pregnant and parenting youth. These programs have shown positive findings related to the needs presented in **Exhibit 1**. The listing is not exhaustive nor is it meant to endorse these programs; rather, it is intended to illustrate what is available to organizations serving pregnant and parenting youth.

## Preventing Repeat Teen Pregnancy

It is known that adolescent mothers with more than one child face even greater challenges than mothers with a single child (Campolieti et al., 2010). Efforts to prevent repeat pregnancy, especially rapid repeat pregnancy, is a focus of several programs.

*Teen Options to Prevent Pregnancy (TOPP)* (Campolieti et al., 2010) is an 18-month program that effectively reduced rapid repeat pregnancies among low-income adolescent mothers. TOPP used a patient-centered approach by implementing nurse-delivered motivational interviewing and contraceptive access to help teens explore their goals and avoid repeat pregnancy. Modifying the TOPP program with supplementary content focused on sexual risk cessation could impact youth cessation intentions and outcomes. *Key Takeaway: Providing a patient-centered approach that uses the goals of teens along with social and medical services can reduce rapid repeat pregnancies.*

## Encouraging Educational Attainment

Failure to complete school is one of the most devastating outcomes of teenage parenting. It frequently leads to fewer job opportunities, lower salaries, and a greater likelihood of involvement with the criminal justice system (Campbell, 2015; Campolieti et al., 2010; Maynard et al., 2015). Moreover, the children of teen mothers are less likely to complete high school (Jutte et al., 2010). Importantly, some programs have evaluation data showing potential effects on educational attainment.

*University of Maryland Home Visitation Program* (Barnet et al., 2007) is a community-based home visiting program for teens that was implemented prenatally through the child's second birthday and evaluated outcomes in a randomized controlled design. Each participant was paired with a para-professional woman from the same community. In addition to home visitation, the program provided mentoring and case management that was designed to improve the teens' understanding of child development, model appropriate parenting attitudes and skills, and encourage health care use. *Key Takeaway: Community-based home visitors who offer a steady relationship with teens can positively influence parenting attitudes and school re-entry and graduation.*

*Early Childhood Centers for Children of Teen Parents Program* (Crean et al., 2001) provides adolescent parents free school-based childcare along with parenting classes and service referrals. Parents must be in school when their children are at the centers and are required to participate in the care of their children. Staff at the childcare center also act as advocates for the teen parents. Results of an intervention-waitlist trial indicated program effects on school attendance and graduation. *Key Takeaway: Provision of free childcare and the support of center staff are critical elements in teens' educational attainment.*

## Fostering Optimal Caregiving and Child Development

Adolescent parents often need help in learning how to parent and to cope with the stresses of child rearing. The combination of lack of knowledge of child development, reduced social support, poverty, and high stress can lead to the higher rates of child maltreatment observed in teen parents (de Paúl & Domenech, 2000; Dixon et al., 2005). In addition to improving caregiving knowledge and behavior toward their children, programs to foster optimal caregiving can also improve child cognitive and behavioral outcomes. Different program formats such as group-delivered parent-child sessions, individual training programs, and home visiting help teen parents develop parenting skills.

### Couples-Based Parent Counseling

*Young Parenthood Program (YPP)* (Florsheim et al., 2012) is a 10-week counseling program implemented during pregnancy with both the expectant mother and father. The YPP is designed to facilitate the development of interpersonal skills necessary for successfully co-parenting and parenting. In a randomized

controlled trial, YPP parents demonstrated greater relationship competence, and YPP fathers demonstrated more positive parental nurturing and relationship with the mother. *Key Takeaway: A couples-based program can promote father engagement in child rearing and enhance the relationship with co-parenting partners.*

### Group-Based Parent Training

*Multi-component Parenting Program* (McGowan et al., 2008) includes infant massage training, child development education, and the *You Make the Difference* language program implemented in a group setting with 5-7 teen mothers with a trained group leader and a volunteer mentor assigned to each teen. The program was delivered in 11 2-hour sessions conducted across 8 months. In a quasi-experimental evaluation in which the comparison group received only referral sources, the children in the intervention group showed a greater increase in expressive language skills over time than did the children in the comparison group. *Key Takeaway: A group program containing instruction in child interaction strategies along with coaching and support can facilitate early language development in children at risk for language delays.*

### Home Visiting

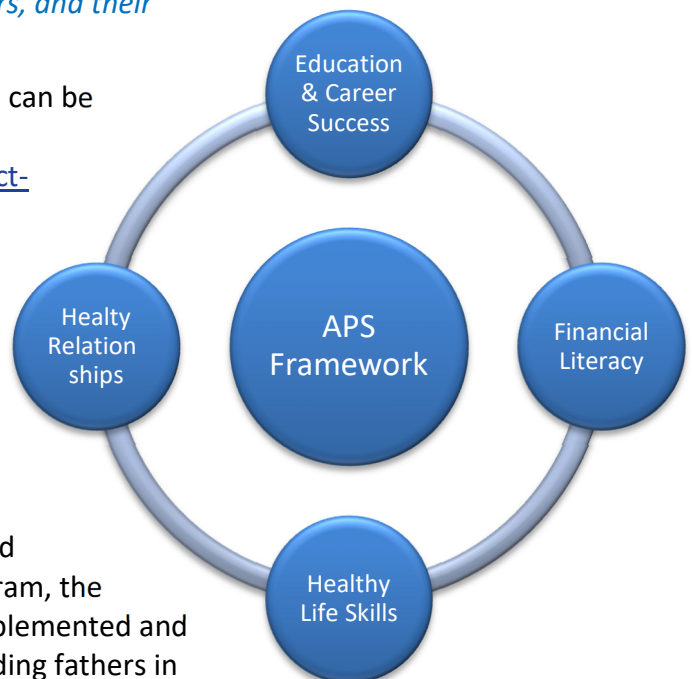
*Family Spirit Home Visiting Program* (Barlow et al., 2015) was designed for, by, and with American Indian families for use with young parents. Paraprofessionals deliver the program to parents prenatally to 36 months postpartum. The program includes 43 1-hour structured lessons that cover reducing negative parenting behaviors (e.g., poor monitoring, coercive interactions, harsh or unresponsive parenting). In a randomized controlled trial, teen parents in the intervention group displayed greater parenting knowledge and fewer depressive symptoms, and their children had fewer behavioral problems. *Key Takeaway: A culturally tailored community-based home visiting program can promote parenting skills and positively impact child behavior.*

*Nurse-Family Partnership (NFP)* (Olds, 2012) is designed for low-income pregnant women who had no previous live births. Although not targeted to teens, a large percentage of program participants are teen mothers. The program is implemented by nurse home visitors beginning during the prenatal period and lasting until the child is 2 years of age. The goals of NFP include improving pregnancy outcomes, helping parents to become more responsive and competent parents, and facilitating parents' schooling, work preparation, and future pregnancy planning. Results of several randomized controlled studies indicate that NFP mothers displayed significant reductions in child maltreatment and subsequent births and significantly better outcomes in NFP. *Key Takeaway: Professionally delivered home visiting during the prenatal and infancy period can facilitate young mothers' optimal birth spacing, parenting behaviors, and their children's development.*

Other community-based home visiting programs by state can be found at: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>.

## FRAMEWORK TO PRIORITIZE NEEDS OF PREGNANT AND PARENTING YOUTH

Although the curricula and programs above are designed for the needs of pregnant and parenting youth, not every program or curriculum addresses all needs. Moreover, not every PREP program will be able to accommodate a full curriculum designed for pregnant and parenting youth. Aside from the Young Parenthood Program, the curricula and approaches described above have been implemented and evaluated only with adolescent mothers. However, including fathers in



programming is crucial to encourage engagement with their children, which has been shown to lead to positive cognitive and social-emotional outcomes (Cowan et al., 2009). A framework based on [Adulthood Preparation Subjects](#) (APS) is designed to support all teens' transition to adulthood (regardless of gender), which can be especially helpful for pregnant and parenting youth in coping with the challenges of parenthood. PREP programs can choose the APS that best supplements the curricula they are using and meet the needs of pregnant and parenting youth in their program. In particular, [Educational and Career Success](#), [Financial Literacy](#), [Healthy Life Skills](#), and [Healthy Relationships](#) are especially relevant to providing adolescent parents with topics germane to their growth and development as caregivers.

A few examples of programming that incorporate APS topics are provided below.





- Develop scenarios for how to find reliable childcare so that pregnant and parenting youth can attend school.
- Provide practice in creating a spending plan that aligns with their resources, priorities, and income, accounting for having a baby.
- Present pregnant and parenting teens with a scenario for negotiating abstinence and/or contraception with a partner and provide feedback.
- Role play with teen fathers, who may not live with the mothers of their children or their children, effective communication scripts for taking responsibility, asking for help, providing support, and finding common ground with the mother.

## **PUTTING IT ALL TOGETHER: BEST PRACTICES FOR WORKING WITH PREGNANT AND PARENTING YOUTH**

The curricula, programs, and APS framework illustrate many of the best practices for working with pregnant and parenting youth. PREP grantees can choose curricula or programs such as those highlighted here or identify other elements that are needed. Connecting youth with childcare, provided by your program or by programs such as Early Head Start, can facilitate their ability to complete school and participate in PREP programming. In fact, Early Head Start prioritizes the needs of pregnant and parenting youth. Additionally, it is important to link pregnant and parenting youth with services not typically offered by PREP grantees, such as mental health counseling, health care, substance use treatment, and housing assistance. Using the APS framework, all grantees can offer programming that will help pregnant and parenting youth cope with the challenges of pregnancy and parenthood. Whatever strategies facilitators offer to pregnant and parenting youth, it is critical to adopt a trauma-informed approach to implementation.

**Exhibit 2** provides a consolidated list of recommendations for how to address the needs of pregnant and parenting youth. For many of the needs, there are several strategies offered, including approaches gleaned from the curricula, APS activities, and referral practices. Lastly, the materials in the **Resources** section cover topics in greater depth such as working with young fathers, supporting pregnant and parenting youth who use substances, and adolescents and Early Head Start.

## Exhibit 2. Pregnant & Parenting Adolescent Needs and Strategies to Address Them

	Needs	Strategies
 <b>Physical and Mental Health Care</b>	<ol style="list-style-type: none"> <li>1. Access to prenatal, postnatal, and child health care</li> <li>2. Preventing rapid repeat pregnancy/ access to contraception/ encouragement for cessation</li> <li>3. Addressing depression and past trauma</li> <li>4. Receipt of treatment for substance abuse</li> </ol>	<ol style="list-style-type: none"> <li>1. Referrals to Health Care</li> <li>2. Preventing rapid repeat pregnancy/ access to contraception/ encouragement for cessation</li> <li>3. Home visiting, healthy life skills training, mental health referral</li> <li>4. Referrals to substance use treatment</li> </ol>
 <b>Social-Environmental</b>	<ol style="list-style-type: none"> <li>1. Housing</li> <li>2. Financial security</li> <li>3. Job and job training</li> <li>4. Support network</li> </ol>	<ol style="list-style-type: none"> <li>1. Referrals to public housing agency or other local agencies</li> <li>2. Financial literacy training</li> <li>3. Educational and career success training</li> <li>4. Group based parent training, mentoring, home visiting, healthy relationships training</li> </ol>
 <b>Educational</b>	<ol style="list-style-type: none"> <li>1. Furthering education</li> <li>2. Career development</li> </ol>	<ol style="list-style-type: none"> <li>1. Home visiting, mentoring, school-based child care, educational and career success training</li> <li>2. Educational and career success training</li> </ol>
 <b>Parenting and Co-Parenting</b>	<ol style="list-style-type: none"> <li>1. Ensuring a safe and nurturing environment, reducing child maltreatment</li> <li>2. Stimulating language and cognitive development</li> <li>3. Managing child behavior</li> </ol>	<ol style="list-style-type: none"> <li>1. Home visiting, couples-based counseling, parenting groups, coaching healthy relationships</li> <li>2. Child interaction instruction and coaching</li> <li>3. Home visiting, parenting groups</li> </ol>

## RESOURCES

- Fatherhood.gov: [Promising Teen Fatherhood Programs](#)
- Family & Youth Services Bureau:
  - [Supporting Young Fathers Engagement with Their Children](#)
  - [Supporting Positive Engagement Among Young Fathers and Their Children](#)
  - [Supporting Pregnant and Parenting Youth: A Focus on Substance Use](#)
  - [Preventing Rapid Repeat Births Among Adolescent Mothers: Implementing Steps to Success in San Angelo, Texas](#)
  - [Ohio Health Grantee Success Story](#)
  - [Working with Pregnant Parenting Teens Tip Sheet](#)
- Office of Adolescent Health
  - [Supporting Expectant and Parenting Teens: Practical Recommendations from the Field](#)
  - [Co-Parenting: Resources and Best Practices for Service Providers](#)
  - [Beyond Programs and Services: Existing Laws, Legislation, and Policies That Support Expectant and Parenting Teens, Women, Fathers, and Their Families](#)
- Early Head Start: [Early Head Start Tip Sheet: Teen Parents & EHS Program Services](#)

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