

Repeat Births to Teens: Let's Not be Number One

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You may have read somewhere that Texas leads the nation in repeat births to teens. Sadly, this is not new news. We've held this undistinguished spot for years. Just last month, however, Texas took a positive step that may move us out of first place.

More of us are accidents than you might think. American women themselves report that half of their pregnancies are [unintended](#). In Texas, it's [more than half](#). No one wants their future prospects determined by whether or not they were a "happy accident."

The smart time to address a potential second pregnancy is during the first. The ideal place to learn about options is at prenatal visits, preferably early and often. The best time for a new mother to resume birth control is likely while still in the hospital post-delivery.

Everyone knows about The Pill. LARCs, not so much. LARCs are long-acting reversible contraceptives, and refer to IUDs and the birth control implant. LARCs have been described as "set it and forget it" methods of birth control because, once inserted, they last for three to ten years. By taking "user error" out of the equation, LARCs are [20 times](#) more effective than short-term methods such as The Pill. Not surprisingly, they have had amazing success with absentminded teens; an astonishing 40% drop in [teen birth rates in Colorado](#) over a four-year period has been largely attributed to LARC use. In fact, LARCs are so effective that the American Academy of Pediatrics recommends them as the ["first-line contraceptive choice"](#) for sexually active teens.

Of paramount importance for soon-to-be teen mothers, LARCs can be safely and effectively provided [while still in the hospital following childbirth](#). Once home from the hospital, the game changes. Anyone who's been a first-time, sleep-deprived mother knows how overwhelming and all-consuming infant care can be. Although another baby may be the last thing on a harried new mother's mind, [nearly one in five teens](#) will be a repeat teen mom.

But LARCs are expensive, between \$400 and \$1,000. Last month, conditions improved significantly for the pregnant poor in Texas. [State regulations effective January 1](#) make it possible for low-income women on Medicaid to obtain LARCs at no cost while in the hospital following the birth of a child. In health care, what gets reimbursed gets done, and the state's new Medicaid reimbursement mechanism gives hospitals a reasonable incentive to make LARCs a post-

delivery option. This removes a major obstacle in the path of the poorest Texas women.

Teens, however, are particularly oblivious to LARC's advantages over the competition. Among teens seeking birth control, LARC use is an underwhelming [7 percent](#). Not surprisingly, [new research](#) on how to increase LARC use among young women shows that there is a big disconnect on the term itself. Unlike The Pill, it's hardly self-explanatory. And "long acting" is no more a part of teen vocabulary than "long term." What matters to teens is that LARCs are effective in the moment, in other words, "whoops proof."

So let's drop the numbers on repeat teen births in Texas. LARCs need to become a centerpiece in conversations about birth control, and discussed in terms that resonate with teens. Health care providers must become proficient in a new vocabulary and use it to educate teens during prenatal visits and on any other occasion that arises. Finally, hospitals throughout the state need to routinely make LARCs available post-delivery, something that has not yet occurred. Texas took a big step in the right direction last month. Let's use this opportunity to fall below number one.