Teenage motherhood is associated with significant health and social problems for the infant and the mother. Children born to teenage mothers are at greater risk of low birthweight and increased morbidity during their first year of life, tend to develop more behaviour problems than children of older mothers and are more likely to be born into, and continue to live in, social and economic disadvantage (AIHW 2011a). Risk factors associated with teenage motherhood include family history of teenage pregnancy, unstable housing arrangements, socioeconomic disadvantage, sexual abuse in childhood, and being Indigenous.

The types of early interventions likely to decrease the risk profile and trajectory of such young people, improve their capacity for safe and effective parenting, and increase their likelihood of becoming economically secure.

Thank you for this opportunity to provide a brief outline of the work we do and what the research indicates can decrease the risk profile of young parents. [opening remarks of your choice]. The three specific questions I have been asked to address are:

1. the types of early interventions likely to decrease the risk profile and trajectory of young parents, young parents to be and their children;
2. the types of early interventions which improve their capacity for safe and effective parenting;
3. the types of early interventions which increase their likelihood of becoming economically secure.

For the purposes of this discussion I will be focusing on teenagers who can become pregnant: teenage mothers and their children. While the Office of the Human Right Commissionerdefines 'child' as anyone under 18, Steenkamp usefully highlights that a pregnant 13 year old is very different to a pregnant 18 year old. From a biological perspective, younger teenage mothers (13-16) can be physically immature and evidence suggests that this increases their perinatal risks compared with older teenage mothers.

To begin I note that Marino, Lewis, Bateson, Hickey and Skinner found most teenage pregnancies in Australia, as elsewhere, are unintended, and around half are terminated.

The teenage fertility rate is the number of births per year per 1000 females aged 15–19 years; rates in girls under the age of 15 years are unstable because of low numbers and are not routinely collected. The fertility rate among Australian teenagers fell to a historic low of 11.9 live births/1000 in 2015. This downward trend has been attributed to Australian teenagers' increasing control of their fertility.

Teenage fertility rates are not consistent across the Australian population:
Fertility among teenagers:
In 2015, 2.8% of total births were to teenage mothers. The fertility rate was 12 live births per 1,000 teenagers.

The teenage fertility rate was higher in:

- the Northern Territory (36 live births per 1,000 teenagers)
- in very remote areas (81 live births per 1,000 teenagers)
- among Indigenous teenagers (58 live births per 1,000 teenagers) and
- among North African and Middle Eastern teenagers (20 live births per 1,000 teenagers).

The number of live births among teenagers decreased from approximately 10,900 in 2004 to about 8,500 in 2015, a reduction of 21%.

Barriers to contraceptive services and pregnancy termination are more pronounced for teenagers. This relates to cost, access, lack of youth-friendly service (fears of privacy and confidentiality), lack of awareness, poor sex education at school and misinformation.

Marino et al's research also demonstrated that teenage motherhood is intergenerational: the daughters of adolescent mothers are more likely to become teenage mothers themselves. Disrupted family structure with parental separation, and social disadvantage, are common. Family violence has also been associated with subsequent teenage pregnancy. Early childbearing can also constrain life opportunities, as a result of disruption to formal education and the subsequent effects on earning potential.

Having outlined all the problems early pregnancy can cause, what are the types of early interventions which improve capacity for safe and effective parenting? One of the most important is to avoid rapid repeat pregnancy through the provision of post-natal contraception to support spacing between pregnancies. While some have had limited success, the exceptions are those that support teenagers in preventing pregnancy .and in particular, the use of contraceptive implants. This form of contraception was successful, Lewis found, as a result of a whole of community approach with Aboriginal women of all generations involved. The success of these contraceptive methods could be attributable to the fact they are long acting and are less likely to be used inconsistently or be discontinued as easily as pills or condoms. This is particularly the case with contraceptive implants, which require removal by an experienced health care provider. The contraceptive implant is well tolerated and has a high continuation rate. Post- natal contraception is a very effective intervention if it is a long acting reversible contraceptive (LARC). LARC use in Australia is low overall at around 11% overall and 6% in women aged 16-19, compared to around 25% internationally. Immediate postpartum and post-abortion LARC insertion reduces the rate of rapid repeat pregnancy and abortions. Teenagers who choose Implanon (one form of LARC) are significantly less likely to become pregnant and were found to continue with this method of contraception 24 months postpartum compared to those who choose other methods.

Service delivery is also important. One Australian study found teenage mothers were reluctant to engage with services as they fear they will be treated poorly. Previous research in Australian Indigenous primary health services

has identified clear opportunities for improving routine antenatal screening and evidence- based health information, and there are ongoing efforts to address this through a large quality improvement intervention

As Steenkamp found, there are clear opportunities for improving routine antenatal screening and evidence-based health information in target communities. Research suggests that young parents can be best supported and are more likely to have

better health outcomes when:

1. They are supported by evidence based programs specifically targeted to teenage mothers, and general practitioners establish trustful relationships with young patients
2. Additional support via Medicare is provided for the interventions shown to work, such as provision of LARC.
3. There is informed choice of the most effective methods of contraceptive methods (LARC) through improved access, awareness and education.