Healthy, well-timed births and intended pregnancies are associated with better birth and child outcomes, positive outcomes include fewer low-weight births, decreased infant mortality, and reduced health and developmental disadvantages experienced as children grow. By contrast, mistimed pregnancies are associated with worse measures of child well being.

Teen pregnancy is associated with a range of suboptimal outcomes for both mother and child. Teenage mothers are more likely to have low-birth-weight babies, and to smoke during pregnancy, which is associated with a greater chance of having a premature birth and a low-birth weight baby, and a greater risk of serious and long-term illnesses, developmental delays, and death in the first year of life. Teen mothers are more likely than older mothers to have unstable relationships, lower educational attainment, less spacing between children, and less likely to cultivate stimulating home environments for their children. Children of teen mothers have lower levels of cognitive and educational attainment, lower levels of academic achievement, higher levels of behavioral problems, are less likely to become high school graduates and are more likely to engage in early sexual activity and become teenage parents themselves. Daughters of teen mothers specifically were found to be sixty six percent more likely to become teen mothers. The risks of low birth-weight, poor health outcomes, developmental problems, and school absenteeism increase for children born to teenagers who already have a child.

Teen pregnancy prevention programs have shown successes. Teens who have easy access to information about reproductive health are more likely to use contraception than those who lack such access. Programs such as Parents to Soon, Early Head Start, Plain Talk, and Healthy Families America decreased the likelihood of subsequent pregnancies and low birth weight babies for participating teens, and increased usage of contraceptives. Programs that have shown reasonably strong evidence of delaying sex, increasing condom and contraceptive use, and reducing teen pregnancy or childbearing include (a) sex and HIV education curricula with specified characteristics (b) one-on-one clinician-patient protocols in health settings with some common qualities (c) service learning programs, (d) a particular intensive youth development program with multiple components. Other successful teen pregnancy prevention programs include Reach for Health and Community Youth Service Learning, Teen Outreach Program, and the Children’s Aid Society Carrera Program.

Access to health services and family planning services leads to healthier births and can prevent mistimed births. Evidence from the Nurse-Family Partnership program shows that participating high risk mothers in New York had 43% fewer subsequent pregnancies than comparable mothers who did not receive home visits as part of the program. Participants also delayed their second pregnancy an average of 12 months longer than comparable mothers. Subsequent analysis of three separate, randomized controlled trials also found improvements in women's prenatal health, fewer unintended subsequent pregnancies, increased intervals between first and second births, increased father involvement and mother employment, reductions in
families' use of welfare and food stamps, and increases in children's school readiness, demonstrated by improvements in language, cognition, and behavioral regulation. xxxv

**Access to prenatal care, healthy nutrition, and emotional supports during pregnancy leads to healthier babies with fewer physical obstacles** xxxvi, and increases the capacity of the mother to relate to her baby. xxxvii A woman with little or no support becomes at high risk of having difficulties transitioning into motherhood and in relating to her child. Depression, attachment difficulties, and post-traumatic stress are prevalent among mothers living in poverty and when undiagnosed and untreated, those conditions undermine mothers' development of empathy, sensitivity, and responsiveness to their children—often leading to poorer developmental outcomes for the children. xxxviii Prompt, continuing, high-quality prenatal care can reduce a pregnant mother's use of drugs and alcohol, decreasing the chances of brain damage or other developmental problems in the infant. Prenatal drug or alcohol exposure can place the fetus at risk for a variety of negative outcomes such as poor coordination and problems with learning, xxxix low birth weight, and delays in mental skills. xl Prenatal care can also detect and treat pre-existing medical conditions. xli A lack of prenatal care is linked to poor child outcomes such as low birth weight, cerebral palsy and mental retardation, xlii behavioral and learning disorders, asthma, and other health problems xliii and visual and auditory impairments, learning disorders, behavioral problems, grade retention, and school failure. xlv Research shows that children born with low-birth weight are often associated with increased rates of coronary heart diseases and related disorders such as stroke, hypertension, and non-insulin dependent diabetes in adults. xlv

**Education as to the importance of breastfeeding can increase the practice, which has long-term emotional and physical benefits for children.** Breastfeeding has a range of protective effects including decreasing the incidence and/or severity of respiratory, ear, and digestive infections, and diabetes; it also reduces the incidence of sudden infant death syndrome, and allergic reactions. Breastfeeding promotes frequent tender physical contact between mother and infant and may also be related positively to children’s cognitive development. Studies indicate that breastfeeding and not formula-feeding at birth are associated with increased probabilities of being in excellent health at nine months. Breastfeeding is also protective against obesity and improves cognitive outcomes at twenty four and fifty four months. xlv In addition, businesses that promote lactation support programs for nursing mothers report great returns such as lower health care costs, absenteeism, and turnover rates. They also report higher productivity, improved morale, and greater job satisfaction. xlvii xlviii xlix

**Evidence from research suggests that access to prenatal care and prenatal care through home visiting has had beneficial results for participating mothers.** Mothers who participated in the STEEP program experienced less depression and anxiety, gained better life management skills, had a better understanding of their child's needs, and provided an appropriately stimulating home environment. li Prenatal care through the home visiting model has shown a wide range of
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social and health benefits, all of which are related to later school performance, including fewer low-birth-weight babies, less isolation and depression for new moms, and fewer cases of child abuse and neglect.\textsuperscript{iii} Elmira Prenatal/Early Infancy home visiting model decreased the likelihood of engaging in unhealthy behaviors, cigarette smoking and poor nutrition during pregnancy.\textsuperscript{iii}

Race (infant mortality rates for non-Hispanic African American women is 2.4 times the rate for non-Hispanic White women), poverty, and limited health literacy were cited as some of the reasons for the consistently high infant mortality rate. Text4baby, the first free national health text messaging service that provides information to pregnant and new mothers about their health and the health of their children, provides a solution to potentially reduce incidents of infant mortality by increasing accessibility.\textsuperscript{lv} Other programs such as Healthy Start, Women, Infants, and Children (WIC), and Every Child Succeeds (Cincinnati) increased access to prenatal care, reduced low birth weight births, and reduced the number of infant deaths.\textsuperscript{lv, lvii, lviii}

Parental bonding is crucial to child development hence parents of infants should have the ongoing supports they need. The brain is built based on environmental influences that can affect how genes are expressed.\textsuperscript{lviii} The quality of the mother-infant relationship can influence areas of the brain that regulate social and emotional function and can have long-term influences (into adulthood) on how the body copes with stress, both physically and emotionally.\textsuperscript{lix} Therefore, parents need time and economic security in order to develop nurturing relationships with their children.\textsuperscript{lx} Emerging data suggesting that maternal employment in the first six months of an infant’s life may be associated with later developmental problems raises serious concerns about the potential harm of mandated maternal employment and the limited availability of affordable, high-quality child care, particularly for the already vulnerable babies of low-income women receiving public assistance.\textsuperscript{lxii}
Endnotes


ix Levine et al. (2001)


Moore et al. (1997).


Levine et al. (2001).


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