Teen Pregnancy Among Youth in Foster Care

By Megan Comlossy

In 2012, teen pregnancy and birth rates reached historic lows in the United States, yet they remain among the highest in the industrialized world. At particular risk are youth in foster care. By the time they turn 19, nearly half of young women in foster care have been pregnant, compared to 27 percent of 19-year-olds overall. By age 21, half of young men in foster care report having impregnated someone, compared to 19 percent of their peers not in the system.

Pregnancy among foster youth creates challenges for the state systems responsible for them, young people themselves, and their children. Foster care systems must house and support teen parents and their children. For the 20,000 youth who “age out” of foster care each year, pregnancy and parenthood can compound the already difficult process of finding housing, a job or continuing education. The University of Chicago’s Midwest Evaluation of the Adult Functioning of Former Foster Youth found that, of teens aging out of the system:

- About three in 10 had children living with them by age 19;
- By age 21, one in six not attending school cited the need to care for children as a barrier; and
- About a third of those in school or working said finding child care was difficult, or that they had to miss school or work because they couldn’t find child care.

Compared to parents who are just a few years older, teen mothers overall are twice as likely to be reported for neglect or abuse. Their children are twice as likely to be placed in the child welfare system—at a public cost of $2.8 billion annually.

State Action

Increasingly, states are taking steps to address high rates of pregnancy and parenthood among youth in foster care. Approaches include implementing teen pregnancy prevention programs; enhancing collaboration between state health, social services and juvenile justice agencies; and training adults who work with youth in foster care to help them make healthy, informed decisions.

Evidence-Based Programs Designed for Youth in Foster Care. Since 2012, teams of child welfare and teen pregnancy professionals in California (Alameda County), Hawaii, Minnesota, North Carolina and Rhode Island have been implementing a modified version of an evidence-based teen pregnancy prevention program that takes into account the unique needs of youth in foster care. Rhode Island has made the program’s curriculum part of its ongoing Life Skills program, which helps foster youth develop independent living skills. Others implementing Making Proud Choices! For Youth in Out-of-Home Care have established networks of public and private organizations to support youth in care and prevent adolescent
pregnancy in a sustainable way. An evaluation of the project will provide insight into best practices for integrating teen pregnancy prevention. Several other states are using federal funding to implement and evaluate evidence-based programs for their impact.

**Enhanced Services for Youth in Foster Care.** According to the Midwest Evaluation, youth who stay in foster care to age 21 tend to fare better than those who leave at age 18. They are more likely to delay parenting, go to school or be employed. As states extend foster care to older adolescents, however, they face an influx of older teens who are already parents.

To address these changing demographics, in 2013 California enacted legislation to prevent teen pregnancy and improve services for foster youth who are parents. The law authorizes county child welfare agencies to provide foster youth age 12 and older with age-appropriate information about reproductive health, encourages them to help pregnant youth access health services, and directs the state social services department to collect data on parents and pregnant youth in the system.

**Federal Action**

**Patient Protection and Affordable Care Act (ACA).** Beginning Jan. 1, 2014, the ACA requires states to extend Medicaid coverage (with matching federal funds) to former foster youth up to age 26, regardless of their income. To qualify, a young person must have been enrolled in Medicaid and must have aged out of the system. Among other benefits, extending Medicaid to these at-risk youth will improve access to family planning services to help avoid unplanned pregnancy.

**Fostering Connections to Success and Increasing Adoptions Act.** This 2008 comprehensive child welfare reform law allows states to extend foster care to age 21 with federal support, as long as certain education, employment or health requirements are met. According to the Jim Casey Youth Opportunities Initiative, 19 states and the District of Columbia have received federal approval to do so. The act also requires all foster youth, with the aid of a caseworker, to develop a personalized transition plan—which addresses housing, health, education and support services—90 days prior to aging out of the system.

**Personal Responsibility Education Program (PREP).** For fiscal years 2010-2014, PREP provides $55 million annually in formula grants to states and territories for evidence-based programs that educate adolescents on abstinence, contraception and adulthood-preparation topics such as healthy relationships and financial literacy. PREP targets youth at greatest risk of teen pregnancy, and many states have chosen to focus on youth in foster care. In Ohio, for example, PREP is a partnership between the Departments of Health, Youth Services, and Jobs and Family Services, with funds directed to local public and private entities serving youth in foster care and juvenile justice. California, Illinois, Maryland and Oklahoma also are using PREP to implement and evaluate teen pregnancy prevention programs for youth in their care.

**NCSL Contact and Resource**

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**Additional Resources**


Perspectives on Fostering Connections, FosteringConnections.org