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Teen Births in the United States: Overview and Recent Trends

Updated April 17, 2025

Congressional Research Service
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R45184

CRS REPORT
Prepared for Members and
Committees of Congress

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SUMMARY

Teen Births in the United States: Overview and Recent Trends

R45184

April 17, 2025

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Adolescent childbearing is associated with significant social, health, and financial risks for teens, their families, and society more broadly. Data from the National Center for Health Statistics (NCHS), within the Centers for Disease Control and Prevention (CDC), indicate that the teen birth rate has decreased steadily over time. However, the United States continues to have one of the highest rates of teen births among other industrialized countries.

This report focuses on teen birth rates—and the marked decline in recent years. The teen birth rate is defined as the number of live births per 1,000 females aged 15 to 19 each year. The earliest NCHS estimate of the teen birth rate (in 1940) was 54.1, which later peaked in 1957 at 96.3. It then decreased in most years from the 1960s through the 1980s, with a low of 50.2 in 1986. The birth rate increased over the next few years, to 61.8 in 1991. From 1992 onward, the teen birth rate declined except in two years, 2006 and 2007. From 2007 to 2023, the rate declined by approximately 68%, to a historical low in 2023 of 13.1.

The teen birth rate has decreased across all racial and ethnic groups in recent years; however, the rates declined more for certain groups than others. From 2016 to 2023, birth rates fell by 54% for non-Hispanic Asian teens, 41% for non-Hispanic White teens, 40% for non-Hispanic American Indian or Alaska Native teens, 35% for Hispanic teens, 34% for non-Hispanic Black teens, and 26% for non-Hispanic Native Hawaiian or Other Pacific Islander teens. In 2023, the teen birth rates for non-Hispanic American Indian or Alaska Native teens (20.9 per 1,000 females aged 15 to 19), Hispanic teens (20.8), non-Hispanic Native Hawaiian or Other Pacific Islander teens (21.2), and non-Hispanic Black teens (19.3) were each more than double the rate for non-Hispanic White teens (8.4), and more than 10 times the rate for non-Hispanic Asian teens (1.8).

Teen birth rates have varied considerably by state and territory, which may be due to a variety of factors, such as population composition. (An analysis of these factors by state is beyond the scope of this report.) In 2023, the state with the lowest teen birth rate was New Hampshire (4.6); the state with the highest teen birth rate was Mississippi (24.9).

Fifteen states had rates of less than 10 births per 1,000 teens aged 15 to 19 in 2023: New Hampshire, Vermont, Massachusetts, Connecticut, Maine, New Jersey, Rhode Island, Minnesota, New York, Utah, California, Oregon, Washington, Pennsylvania, and Wisconsin (ordered from lowest to highest). Seven states had teen birth rates of 20 births per 1,000 teens or higher: Mississippi, Arkansas, Louisiana, Kentucky, Oklahoma, Tennessee, and Alabama (ordered from highest to lowest). The rates for the territories ranged from 11.6 in the U.S. Virgin Islands to 23.5 in Guam.

Teen birth rates have declined in rural areas over time but continue to remain relatively higher than teen birth rates in urban areas. The number of second (and additional) births to teen parents has also declined over time, with an 80% total decline from a recent high of 8.1 in 2007 to a historical low of 1.8 in 2023.

Research suggests that multiple factors have led to lower teen birth rates in the United States. From the 1990s through 2019, the risk of teen pregnancy decreased primarily because of improved contraceptive use, including an increase in the use of more effective contraceptive methods (e.g., long-acting and reversible methods) and an increase in the use of multiple methods of contraception. During this period, some of the risk of pregnancy among younger teens declined because of decreased sexual activity; however, general trends in adolescent sexual activity have remained relatively stable. Broad economic and social variables may also influence teen behaviors, such as expanded educational or labor opportunities.

Teen pregnancy has high costs for teen parents, their children, and society more generally. Teenage mothers and fathers tend to have less education and are more likely to have lower incomes than their peers who are not parents. Moreover, lower levels of education reduce teen parents' potential for economic self-sufficiency. Children of adolescent parents are also more likely to face certain adverse health and social outcomes, such as preterm birth and other child morbidities.

This report accompanies CRS Report R45183, Adolescent Pregnancy: Federal Prevention Programs, which discusses federal support for programs that seek to prevent pregnancy among adolescents, and CRS In Focus IF10877, Federal Adolescent Pregnancy Prevention Programs, which includes summary information about the programs.

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Introduction

This report provides context for Congress about trends in the U.S. teen birth rate—defined as the number of live births per 1,000 females aged 15 to 19—with a focus on recent trends.[1] Since the 1960s, the U.S. teen birth rate has generally been in decline, with the rate reaching a record low in 2023 (the year for which the most recent data are available). Multiple factors have likely contributed to the decrease, though the influence of any single factor is not fully understood and may vary over time. These may include proximate factors, such as contraceptive use, and distal factors, such as broader social and economic factors.[2]

Teen births are a significant public health concern because of the range of health, social, and economic effects adolescent childbearing can have on adolescents, their children, and broader society.[3] Despite substantial declines over time, the teen birth rate in the United States has remained higher than that of comparable high-income countries.[4] Furthermore, there are persistent racial, ethnic, and geographic disparities.[5]

This report provides a description of teen birth rate trends and a brief discussion on (1) factors that may contribute to the ongoing decline in teen birth rates and (2) the adverse outcomes related to teen births. This report accompanies CRS Report R45183, *Adolescent Pregnancy: Federal Prevention Programs*, which discusses Congress's current approach of supporting programs that seek to prevent pregnancy among adolescents, and CRS In Focus IF10877, *Federal Adolescent Pregnancy Prevention Programs*, which includes summary information about the programs.

Teen Births in the United States

Official data on births to adolescent females are provided by the National Center for Health Statistics (NCHS), an agency of the Centers for Disease Control and Prevention (CDC).[6] The

[1] This report uses the terms *teenagers*, *teens*, and *adolescents* interchangeably. This report also uses *adolescent females* and *women* to be consistent with the terms used by the Department of Health and Human Services (HHS), including official teen birth statistics from the National Center for Health Statistics (NCHS). The teen birth rate age range reflects the standard definition used by the Centers for Disease Control and Prevention (CDC) and other federal agencies. The CDC also disaggregates birth rates by other age ranges, including ages 10 to 14; however, this age group is not included in calculations of the national teen birth rate and has remained unchanged since 2021 at 0.2 births per 1,000 females. See Michelle J.K. Osterman et al., "Births: Final Data for 2023," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 74, no. 1, March 2025, https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-1.pdf (Hereinafter, Michelle J.K. Osterman et al., "Births: Final Data for 2023.")

[2] John Bongaarts, "A Framework for Analyzing the Proximate Determinants of Fertility," *Population and Development Review*, vol. 4, no. 1 (March 1978). Laura Lindberg et al., "Understanding the Decline in Adolescent Fertility in the United States, 2007-2012," *Journal of Adolescent Health*, vol. 59 (2016), p. 578.

[3] Urban Institute, Kids Having Kids: Costs and Social Consequences of Teen Pregnancy, edited by Saul D. Hoffman and Rebecca A. Maynard, 2nd ed., 2008. (Hereinafter, Urban Institute, Kids Having Kids: Costs and Social Consequences of Teen Pregnancy.) See also, HHS, Centers for Disease Control and Prevention (CDC), Winnable Battles Final Report 2010-2015, https://stacks.cdc.gov/view/cdc/43072; Stefanie Mollborn, "Teenage Mothers Today: What we Know and How it Matters," Child Development Perspectives, vol. 11, no. 1 (March 2017).

[4] CDC, *About Teen Pregnancy*, May 15, 2024, https://www.cdc.gov/reproductive-health/teen-pregnancy/index.html.

[5] Michelle J.K. Osterman et al., "Births: Final Data for 2023."

[6] On March 27, 2025, HHS issued a press release and fact sheet announcing the restructuring of HHS. The fact sheet indicated that this restructuring would decrease the CDC's workforce and "return [the CDC] to its core mission of preparing for and responding to epidemics and outbreaks." At the time of this report's publication, the potential effect of this restructuring on NCHS activities is unknown. U.S. Department of Health and Human Services, "Fact Sheet: HHS' Transformation to Make America Healthy Again," press release, March 27, 2025, https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html.

NCHS, in collaboration with states and other jurisdictions, compiles and publishes official national data for all *vital events* (i.e., births, deaths, marriages, divorces, and fetal death) in the National Vital Statistics System (NVSS).[7] In particular, birth data in the NVSS draw upon information included in all registered birth certificates and account for nearly every birth in the United States.[8]

Data on births are distinct from data on pregnancies. Whereas the number of births—and related characteristics such as maternal age—are derived directly from vital records, information on pregnancies relies on estimates from several data sources. In addition to data on births, such figures also incorporate calculations of pregnancy losses (e.g. miscarriage, stillbirth) from the National Survey of Family Growth and estimates of induced abortion from both the CDC's Abortion Surveillance System and the Guttmacher Institute's Abortion Provider Census.[9] Various statistical approaches have been implemented over time to account for strengths and shortfalls of the aforementioned sources, as well as the inherent complexities in measuring pregnancy loss. As this report exclusively focuses on teen birth data, an evaluation of the nuances and challenges with pregnancy data are beyond the scope of this report.

Teen Birth Rate Trends

Since 1940, NCHS has published birth rate data that allow for longitudinal comparison by the age of the birth mother. The earliest estimate of the teen birth rate (in 1940) was 54.1 births per 1,000 females aged 15 to 19.[10] Twenty years later, in 1960, NCHS began publishing teen birth rate data further disaggregated by subgroups; that is, the birth rate among teens aged 15 to 17 as well as among teens aged 18 to 19. **Figure 1** shows the national U.S. teen birth rate from 1940 through 2023 (the rate excludes the territories).[11] Broadly, the teen birth rate (for ages 15-19) hovered around an average 56.9 throughout the early to mid-1940s, and then ticked up in the baby boom era of the 1950s, peaking in 1957 at 96.3. It then decreased in most years from the 1960s through the 1980s, with a low of 50.2 in 1986.[12] The birth rate increased over the next few years to 61.8 in 1991. From 1992 onward, the teen birth rate declined except in two years, 2006 and 2007. Since

[7] NCHS, *About the National Vital Statistics System*, https://www.cdc.gov/nchs/nvss/about_nvss.htm.

[8] NCHS estimates that more than 99% of all births occurring in the United States were registered and included in the National Vital Statistics System (NVSS). See National Center for Health Statistics, *User Guide to the 2022 Natality Public Use File*, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2022.pdf.

[9] Lauren M. Rossen et al., *Updated Methodology to Estimate Overall and Unintended Pregnancy Rates in the United States*, National Center for Health Statistics, Vital and Health Statistics: Series 2, Number 201, April 2023, pp. 1-4, https://stacks.cdc.gov/view/cdc/124395.

[10] Stephanie J. Ventura et al., "Births to Teenagers in the United States, 1940–2000," *National Vital Statistics Report*, vol. 49, no. 10, September 2001, https://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_10.pdf.

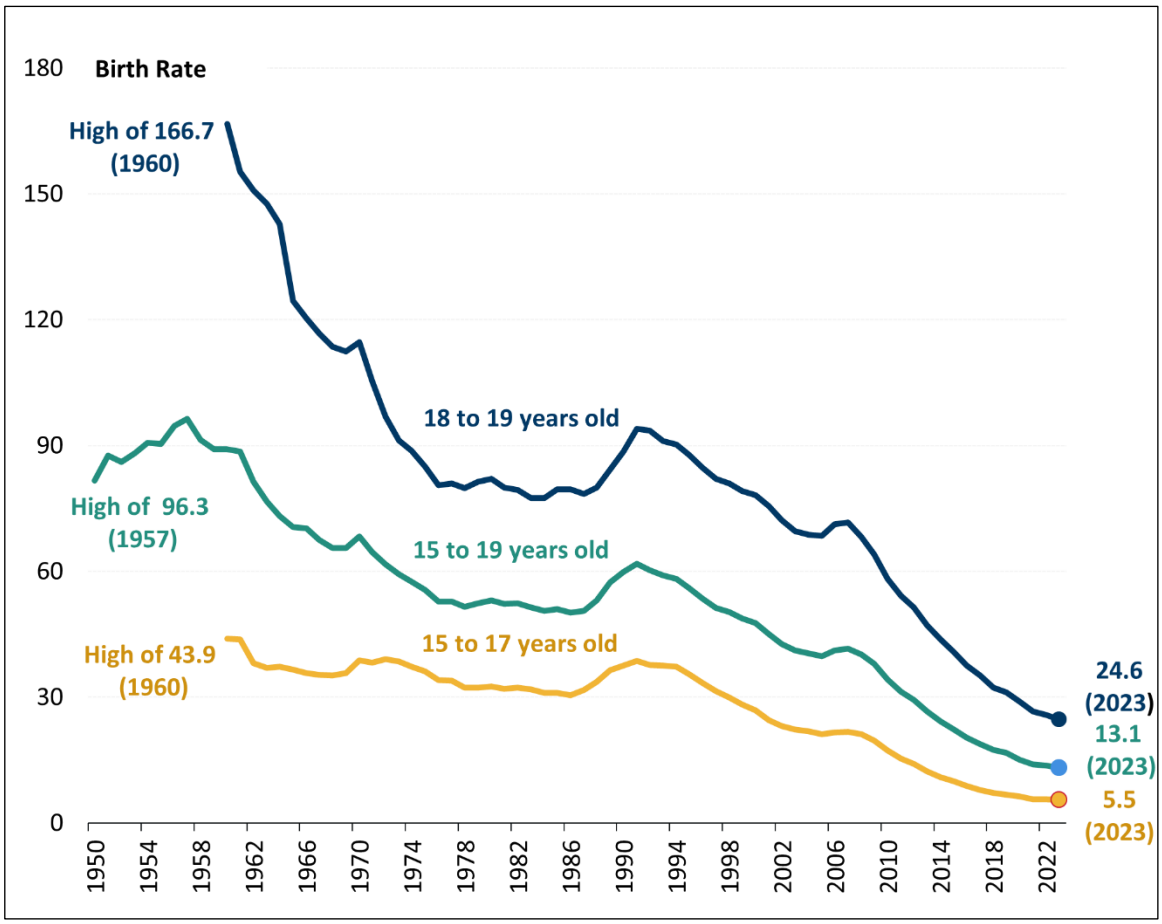
[11] The CDC began publishing birth rates inclusive of Alaska and Hawaii in 1959 and 1960, respectively. Data from these individuals were categorized as "Other Races," which represented a subset of the broader "Nonwhite" category historically used in earlier NVSS reports. According to the CDC, birth data from both Hawaii and Alaska affected their tabulations of birth rates by race/ethnicity in 1960, but they did not further analyze the statistical effect of this changing demographic composition among teen births, specifically. However, summary tabulations of the teen birth rate among the overarching category of Nonwhite mothers indicate a decrease in births among teens aged 10-14 and 15-19 from 1957 to 1960. This may suggest that the changing demographic composition of the United States did not significantly affect the downward trend in teen births; however, this also was not tested for statistical significance. See U.S. Department of Health, Education, and Welfare, *Vital Statistics of the United States*, Volume I - Natality, 1960, Table 1-E, https://www.cdc.gov/nchs/data/vsus/nat60_1.pdf.

[12] The baby boom era refers to individuals born in the U.S. between mid-1946 and mid-1964. Sandra L. Colby and Jennifer M. Ortman, "The Baby Boom Cohort in the United States: 2012 to 2016, Population Estimates and Projections," *Current Population Reports*, CDC, May 2014.

2009, the teen birth rate has fallen to a new record low each year, with the most recent data reflecting a historical low of 13.1 in 2023—a 2% decrease from 2022 and a 68% decrease from the most recent peak observed in 2007.[13]

Figure 1. Teen Birth Rate, 1940-2023

Number of live births per 1,000 females aged 15 to 19. Figure is interactive in HTML report version.



Source: Figure created by CRS using data from the following: 1950-1959 data are from Stephanie J. Ventura et al., "Births to Teenagers in the United States, 1940–2000," National Vital Statistics Report, vol. 49, no. 10, September 2001, https://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_10.pdf; 1960-2009 data are from Stephanie J. Ventura et al., "National and State Patterns of Teen Births in the United States, 1940–2013," National Vital Statistics Report, vol. 63, no. 4, August 2014, https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_04.pdf; 2010-2023 data are from "Births: Final Data for 2023," HHS, CDC, NCHS, National Vital Statistics Report, vol. 74, no. 1, March 2025, https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-1.pdf (hereinafter, Michelle J.K. Osterman et al., "Births: Final Data for 2023.")

Notes: Subgroup data for teens aged 15-17 and 18-19 did not become available until 1960.

[13] Michelle J.K. Osterman et al., "Births: Final Data for 2023."

Recent Trends

In 2023, there were approximately 3.6 million births in the United States.[14] About 141,000 of these births (3.9%) were to teenagers aged 15 to 19. This reflects a teen birth rate of 13.1 births per 1,000 females aged 15-19 in 2023—the lowest rate on record, and a 2% decline from 2022.[15] The 2023 birth rates for 15- to 17-year-olds (5.5 per 1,000) and 18- to 19-year-olds (24.6 per 1,000) were also the lowest on record, though the birth rate among older teens remains consistently higher than the birth rate among younger teens.[16]

The 2023 rate reflects an overall decline of 68% since the most recent high in 2007 and a 79% decline from the second most recent high in 1991. Despite a decline in the overall teen birth rate, disparities exist among certain racial or ethnic groups. Teen birth rates in 2023 varied based on race and ethnicity, with four groups—non-Hispanic American Indian and Alaska Native (20.9 per 1,000), Hispanic (20.8), non-Hispanic Native Hawaiian or Other Pacific Islander (21.2), and non-Hispanic Black (19.3) teens—having more than double the teen birth rate for non-Hispanic White (8.4) teens, and more than 10 times the rate for non-Hispanic Asian (1.8) teens.[17]

Figure 2 shows the teen birth rate by race and Hispanic origin between 2016 and 2023. From 2016 to 2023, the teen birth rate generally decreased across all racial and ethnic groups; however, the rates declined more for certain groups compared with others and some groups experienced periodic increases.[18] From 2016 to 2023, birth rates fell by 54% for non-Hispanic Asian teens, 41% for non-Hispanic White teens, 40% for non-Hispanic American Indian and Alaska Native teens, 35% for Hispanic teens, 34% for non-Hispanic Black teens, and 26% among non-Hispanic Native Hawaiian or Other Pacific Islander teens.

[14] **Table A-1** includes birth rates for teens since 1950. Michelle J.K. Osterman et al., "Births: Final Data for 2023."

[15] Michelle J.K. Osterman et al., "Births: Final Data for 2023."

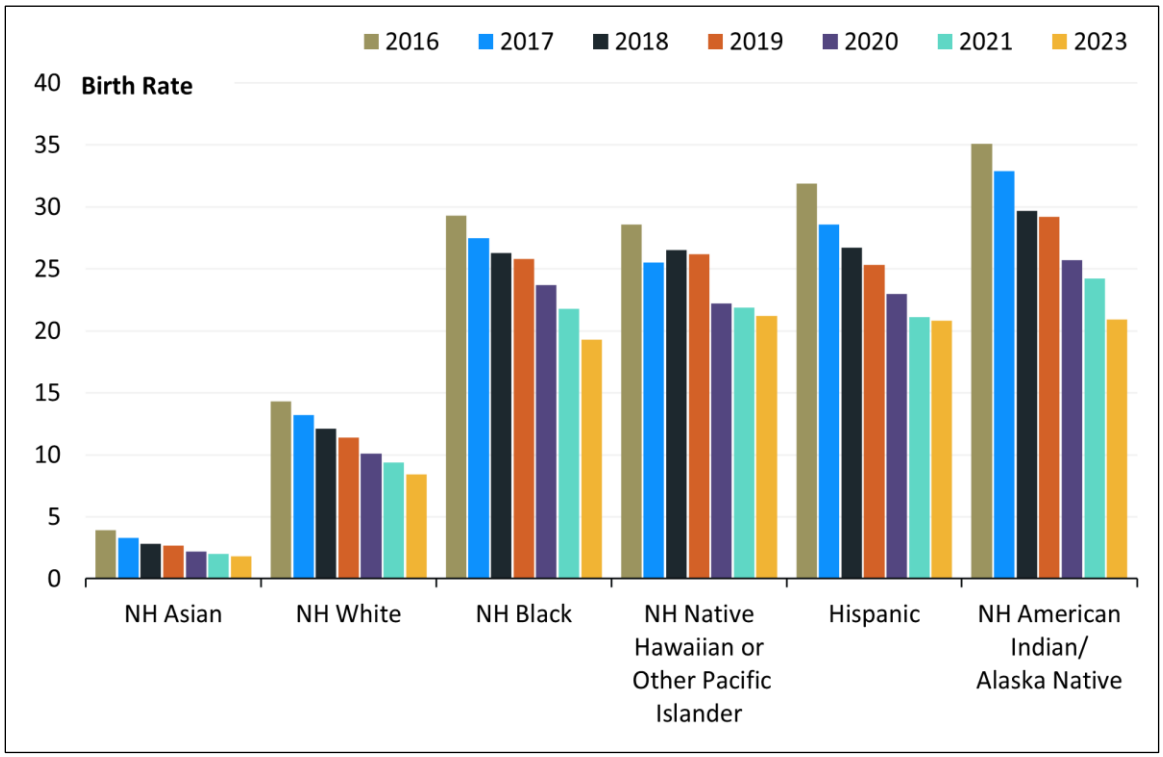
[16] The CDC also tracks births for youth aged 10 to 14. Their birth rate has been much lower than the rate of births for older teens and is therefore not included in this analysis. The birth rate was 0.2 births per 1,000 youth aged 10 to 14 in 2023, which has remained steady since 2015.

[17] Michelle J.K. Osterman et al., "Births: Final Data for 2023," Table 2.

[18] From 2017 to 2018, an increase of 3.8% was observed among non-Hispanic Native Hawaiian or Other Pacific Islander teens; an increase of 3.3% was also observed among this group from 2022 to 2023. From 2022 to 2023, a 0.9% increase in teen births was observed among Hispanic females. See Michelle J.K. Osterman et al., "Births: Final Data for 2023," Table 2.

Figure 2. Teen Birth Rate, by Race and Hispanic Origin, 2016-2023

Number of live births per 1,000 females aged 15 to 19. Figure is interactive in HTML report version.



Source: Figure created by CRS using data from Michelle J.K. Osterman et al., "Births: Final Data for 2023."

Notes: NH = Non-Hispanic

Teen birth rates have varied considerably by state and territory, which may be due to a variety of factors, such as population composition as well as individual, family, and broader societal factors that may vary by state and geographic region (among other characteristics). An analysis of these factors by state are beyond the scope of this report. **Figure 3** displays a map of the five-year teen birth rate averages across each state from 1990 to 2023.[19] For these maps, the teen birth rate is divided into eight categories to show variations across each of the 50 states and the District of Columbia.

Annual teen birth rates for each state and territory (where available) are presented in **Table B-1**, **Table B-2**, and **Table B-2** in **Appendix B**. **Figure B-1** in **Appendix B** compares individual state teen birth rates against the national teen birth rate for each year from 1940 through 2023.

In 2023, the state with the lowest teen birth rate was New Hampshire (4.6 per 1,000); the state with the highest rate was Mississippi (24.9). Fifteen states had rates of less than 10 births per 1,000 teens aged 15 to 19 in 2023: New Hampshire, Vermont, Massachusetts, Connecticut, Maine, New Jersey, Rhode Island, Minnesota, New York, Utah, California, Oregon, Washington, Pennsylvania, and Wisconsin (ordered from lowest to highest). Seven states had teen birth rates of 20 per 1,000 teens or higher: Mississippi, Arkansas, Louisiana, Kentucky, Oklahoma, Tennessee, and Alabama (ordered from highest to lowest). The rates for the territories ranged from 11.6 in the

[19] U.S. territories are not included in the five-year averages due to missing data. However, all available individual-year data are presented in **Appendix B**.

U.S. Virgin Islands to 23.5 in Guam. From 2007 (when the birth rate last increased) to 2023, the teen birth rate decreased in each state or territory by between 51.9% and 78.5%.[20]

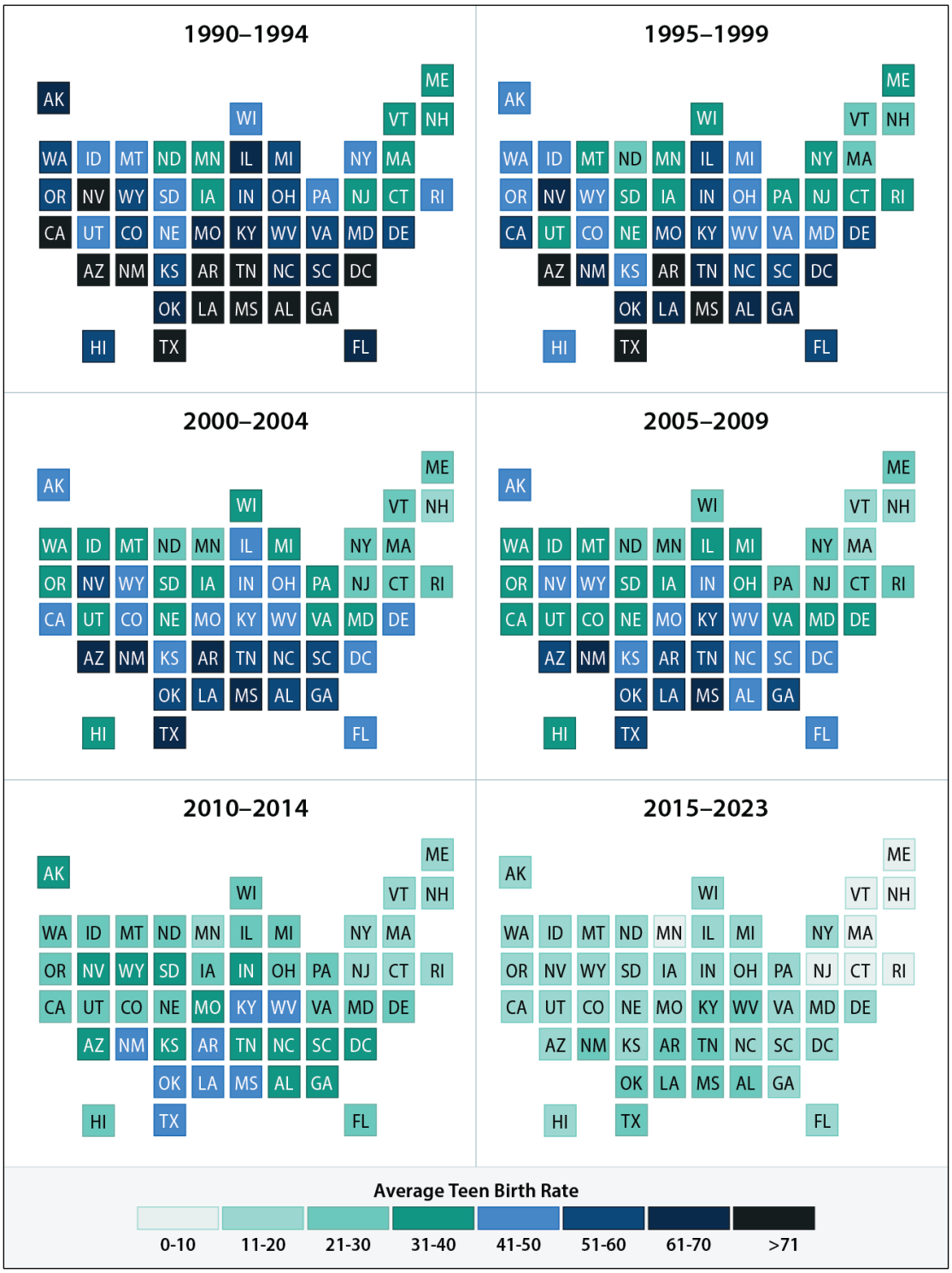
Teen birth rates have also declined in rural areas over time but remain relatively higher than rates in urban areas.[21]

[20] This is based on a CRS analysis comparing data from 2007 to 2023. All available state and territory data used to calculate percent changes are presented in **Appendix B**.

[21] Brady E. Hamilton et al., "Teen Birth Rates for Urban and Rural Areas in the United States, 2007-2015," HHS, CDC, NCHS, *NCHS Data Brief*, no. 264, November 2016; and April Sutton, Daniel T. Lichter, and Sharon Sassler, "Rural–Urban Disparities in Pregnancy Intentions, Births, and Abortions Among US Adolescent and Young Women, 1995–2017," *American Journal of Public Health*, 109(12), December 2019, pp. 1762-1769. See also Sylvester O. Orimaye, "Adolescent Birth Rates and Rural–Urban Differences by Levels of Deprivation and Health Professional Shortage Areas in the United States, 2017–2018," *American Journal of Public Health*, vol. 11, no. 1 (2021).

Figure 3. Five-Year Average Teen Birth Rates, by State

Number of live births per 1,000 females aged 15 to 19.



Source: Figure created by CRS using data from Michelle J.K. Osterman et al., "Births: Final Data for 2023."

Notes: Due to the degree of missing longitudinal data, teen birth rates for U.S. territories are not included in the figure. All available individual-year data for each territory are included in **Table B-1, Table B-2,** and **Table B-3** in **Appendix B**.

Although the majority of teen births are first births, some teens have additional children while still in their adolescent years. These births, sometimes referred to as *repeat births*, affect the overall teen birth rate and are associated with further risks to teen parents and their children.[22] The total teen birth rate can also be understood as a combination of the "first child" teen birth rate and the "second child and over" teen birth rate, also referred to as "second and higher-order" births. Over the past two decades, teenagers have experienced greater declines in the number, rate, and percentage of "second child and over" births than for first births.[23] **Figure 4** displays trends in the total teen birth rate alongside the rate of "first child" and "second child and over" births.

Based on available data, the highest "first child" teen birth rate (63.7) occurred in 1955, whereas the highest "second child and over" teen birth rate (27.7) occurred in 1960 (**Figure 4**).[24] As with the total teen birth rate, the "first child" and "second child and over" rates declined in most years from the 1960s to the 1980s; however, the "first child" teen birth rate increased slightly in 1966 and 1970, while the "second child and over" rate continued to decline. Both rates generally declined from 1971 to 1986, reaching a record low (at the time) "first child" teen birth rate of 38.8 and a record low (at the time) "second child and over" teen birth rate of 11.4, both of which occurred in 1986.[25] Over the next few years, both rates began ticking upwards again, with the "first child" teen birth rate reaching 46.3 and the "second child and over" teen birth rate reaching 15.5 in 1991.

As with the total teen birth rate, both rates declined from 1992 onwards, aside from increases in both rates in 2006 and a subsequent increase in "first child" teen birth rates in 2007. The 2023 "first child" teen birth rate of 11.3 reflects a historical low and a 65.8% decrease from the most recent high in 2007; the "second child and over" teen birth rate of 1.8 also reflects a historical low and a 77.8% decrease from the most recent high of 8.1 (observed in both 2006 and 2007).

[22] Anne K. Driscoll et al., "Changes in First and Second Births to US Teenagers from 2000 to 2022," HHS, CDC, NCHS, *National Vital Statistics Report*, vol. 73, no. 6, July 2024, https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-06.pdf. (Hereinafter Anne K. Driscoll et al., "Changes in First and Second Births to US Teenagers from 2000 to 2022.")

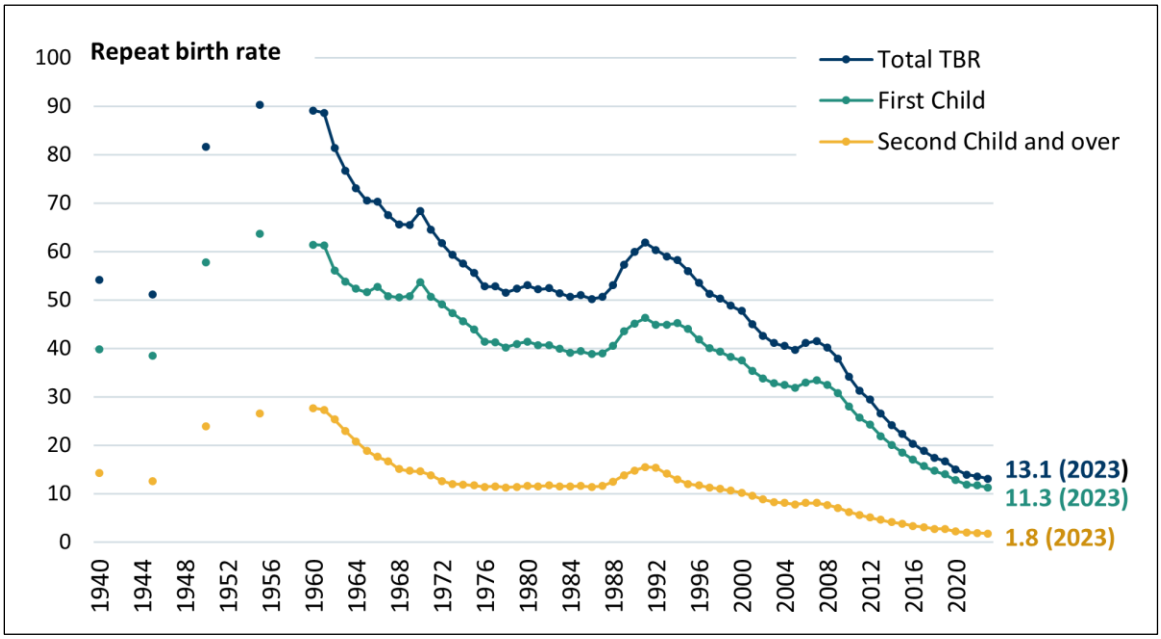
[23] Anne K. Driscoll et al., "Changes in First and Second Births to US Teenagers from 2000 to 2022."

[24] Data for each individual year from 1940 through 1959 are not available due to inaccurate population rate estimates. The teen birth rates for 1940, 1945, 1950, and 1955 include the revised (and more accurate) population estimates as reported by the Census Bureau. These available data are presented in **Figure 4**. Email with data through 2023 provided by CDC, NCHS, November 15, 2024.

[25] These figures reflect the record lows across all available data from 1940-1986. They are not the all-time record lows (both of which were observed in 2023).

Figure 4. Repeat Teen Birth Rates (TBR), 1940-2023

Number of live births per 1,000 females aged 15 to 19. Figure is interactive in HTML report version.



Source: Figure created by CRS using NVSS data provided by NCHS in November 2024.

Notes: Individual year data from 1940 through 1959 are unavailable because these population rates were not revised with more accurate populations provided by the Census Bureau. However, the rates for 1940, 1945, 1950, and 1955 include the revised populations and are presented above.

Factors Linked to Declines in Teen Births

Researchers suggest that multiple factors have contributed to the near continuous decline in U.S. teen birth rates; these factors include a variety of individual, family, and broader societal factors, each of which may influence teen births to varying degrees.[26]

Over time, individual behaviors among teens have contributed to the declining teen birth rate in various manners. For instance, data from 1995 to 2002 indicate that an older age at first sexual experience accounted for 23% of the decline in teen pregnancy among younger teens (i.e., teens aged 15 to 17).[27]

More recent data indicate that trends in adolescent sexual activity have not changed significantly, but rather that decreases in the teen birth rate are attributed to an increased use of contraception. From 2006 through 2019, teens reported an increase in the use of contraception and more consistent use of highly effective methods.[28] Teens more frequently report the use of long-acting reversible contraceptives (LARCs; e.g., intrauterine devices, or IUDs, and birth control implants),

[26] HHS, Office of the Assistant Secretary for Health, Office of Population Affairs, "Trends in Teen Pregnancy and Childbearing," https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing.

[27] Heather D. Boonstra, "What is Behind the Declines in Teen Pregnancy Rates?" *Guttmacher Policy Review*, vol. 17, issue 3, September 3, 2014, https://www.guttmacher.org/gpr/2014/09/what-behind-declines-teen-pregnancy-rates. (Hereinafter, Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?)

[28] Laura D. Lindberg et al., "Trends in U.S. adolescent sexual behavior and contraceptive use, 2006-2019," *Contraception X*, vol. 3 (2021).

though data concerning the use of condoms remains mixed.[29] Further, the choice to use certain contraceptive methods in conjunction with or instead of other methods may be influenced by a variety of factors, including clinical guidelines and related updates, physical and financial access, and individual preferences (a discussion of these influences among adolescents are beyond the scope of this report).[30] Differences observed in some trends in adolescent sexual behavior and contraceptive use may also depend on the sampling approach used by particular surveys.[31]

Broad economic and social variables may influence teen behaviors, such as whether they will abstain from sex or use contraceptives.[32] Behavioral changes may have been driven by a confluence of factors, such as expanded educational and labor market opportunities for women and improvements in contraceptive technology.[33] Some observers theorize that the long-term downward trend in teen birth rates is attributable to the recession that began in 2007. They contend that during economic downturns the decrease in teen births—like the decrease in overall births—is partly due to teenagers being more careful as they witness the economic difficulties faced by their families.[34] Despite this rationale, the teen birth rate continued to diminish after the recession (as well as during periods of economic expansion in the 1990s).[35] Some researchers have aimed to quantify how media exposure may affect teen birth rates and related attitudes about

[29] Laura D. Lindberg et al., "Trends in U.S. adolescent sexual behavior and contraceptive use, 2006-2019," *Contraception X*, vol. 3 (2021). See also, Leigh E. Szucs et al., "Condom and Contraceptive Use Among Sexually Active High School Students—Youth Risk Behavior Survey, United States, 2019," HHS, CDC, *Morbidity and Mortality Weekly Report Supplements*, vol. 69, no. 1 (August 2020), pp. 11-18.

[30] The CDC, as well as various independent professional membership organizations, publishes clinical guidance about the use of contraceptive methods by certain population subgroups. CDC's U.S. Medical Eligibility for Contraceptive Use (also known as the MEC) is adapted from global guidance developed by the World Health Organization. It describes who can safely use various methods of contraception based on specific health conditions and other characteristics. A companion document, known as the Selected Practice Recommendations (SPR), addresses more timely challenges regarding the initiation and/or use of certain contraceptive methods. In 2013, the SPR clarified the safety and efficacy of the use of LARC methods among adolescents, updating concerns that were previously outlined in the 2010 U.S. MEC. The 2016 update to the U.S. MEC affirmed the safety of LARC use among adolescents and women who had not previously given birth. National survey data (see footnote 29 above) indicate that adolescents used LARCs prior to these updates; however, the prevalence of LARC use has increased over time. See CDC, *U.S. Medical Eligibility Criteria for Contraceptive Use, 2016*, Morbidity and Mortality Weekly Report, July 29, 2016, pp. 4-5, https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf.

[31] Laura D. Lindberg et al., "Comparability of estimates and trends in adolescent sexual and contraceptive behaviors from two national surveys: National Survey of Family Growth and the Youth Risk Behavior Survey," *PLoS One*, vol. 16, no. 7 (2021). See also, Elizabeth Wildsmith et al., *The 30-Year Decline in Teen Birth Rates Has Accelerated Since 2010*, Child Trends, December 23, 2022, https://www.childtrends.org/publications/the-30-year-decline-in-teen-birth-rates-has-accelerated-since-2010.

[32] Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?," and Melissa S. Kearney and Phillip B. Levine, "Investigating Recent Trends in the U.S. Teen Birth Rate," *Journal of Health Economics*, vol., 41, 2015. See also, Sarah Kliff, "The Mystery of the Falling Teen Birth Rate," *Vox*, January 21, 2015. (Hereinafter, Sarah Kliff, "The Mystery of the Falling Teen Birth Rate.")

[33] Melissa S. Kearney and Phillip B. Levine, "Investigating Recent Trends in the U.S. Teen Birth Rate," *Journal of Health Economics*, vol. 41, 2015. S.M. Goodreau, "Declines in Pregnancies among U.S. Adolescents from 2007 to 2017: Behavioral Contributors to the Trend," *Journal of Pediatric and Adolescent Gynecology*, vol. 36, no. 6 (December 2022).

[34] Sarah Kliff, "The Mystery of the Falling Teen Birth Rate."

[35] Melissa S. Kearney, Phillip B. Levine, and Luke Pardue, "The Puzzle of Falling U.S. Birth Rates since the Great Recession," *Journal of Economic Perspectives*, vol. 36, no. 1 (Winter 2022), pp. 151-176, and Paul Taylor et al., *In a Down Economy, Fewer Births*, Pew Research Center, Social and Demographic Trends, October 10, https://www.pewresearch.org/social-trends/2011/10/12/in-a-down-economy-fewer-births/.

contraceptive use and adolescent childbearing. The extent of this influence is not well understood.[36]

Some observers contend that teen pregnancy prevention programs, such as those supported with federal funding, could potentially play a role in the declining birth rate for teenagers.[37] The extent to which these programs have contributed to a decline in the teen birth rate is not fully known.[38] Some researchers have found that the proportion of teens who receive formal sex education has changed little in recent years, and that teens are less likely to be instructed on topics such as how to access contraception, how to refuse sex, and/or how to prevent sexually transmitted infections (STIs).[39] Additionally, the receipt of this information can vary by teens' sociodemographic characteristics.[40]

While the U.S. teen birth rate has decreased over time, it has been higher than that of most other industrialized countries.[41] For instance, the 2021 U.S. teen birth rate of 13.9 per 1,000 was higher than the rate of the United Kingdom (8.2), France (5.1), Canada (4.9), and Sweden (2.5) (based on the most recent international data available that include the teen birth rate).[42] The reasons for the high teen birth rate in the United States relative to other industrialized countries have not been fully explored. Economic conditions and income inequality within and between countries, as well as societal differences, such as rates of alcohol consumption, may play a role.[43] Further, the

[36] Melissa S. Kearney and Phillip B. Levine, *Media Influences on Social Outcomes: The Impact of MTV's 16 and Pregnant on Teen Childbearing*, National Bureau of Economic Research, Working Paper 19795, Cambridge, MA, August 2015, https://www.nber.org/papers/w19795; David A. Jaeger et al., "A Cautionary Tale of Evaluating Identifying Assumptions: Did Reality TV Really Cause a Decline in Teenage Childbearing?," *Journal of Business & Economic Statistics*, 38(2) (2018), pp. 317-326, https://doi.org/10.1080/07350015.2018.1497510.

[37] See CRS Report R45183, *Adolescent Pregnancy: Federal Prevention Programs*, for further information about current programs that are federally funded.

[38] Sarah Kliff, "The Mystery of the Falling Teen Birth Rate," and Heather D. Boonstra, "What Is Behind the Declines in Teen Pregnancy Rates?"

[39] Laura D. Lindberg and Leslie M. Kantor, "Adolescents' Receipt of Sex Education in a Nationally Representative Sample, 2011-2019," *Journal of Adolescent Health*, vol. 70 (2022), pp. 294-296. (Hereinafter Laura D. Lindberg and Leslie M. Kantor, "Adolescents' Receipt of Sex Education in a Nationally Representative Sample, 2011-2019.")

[40] Laura D. Lindberg and Leslie M. Kantor, "Adolescents' Receipt of Sex Education in a Nationally Representative Sample, 2011-2019."

[41] Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends," *Journal of Adolescent Health*, vol. 56 (2015). See also Table 10 in United Nations, *Demographic Yearbook*, 71st Ed., 2020. (Hereinafter, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends.")

[42] United Nations, Statistics Division, "Demographic Yearbook 2022," https://unstats.un.org/unsd/demographic-social/products/dyb/dyb_2022/. (See Table 10, "Live births by age of mother and sex of child, general and age-specific fertility rates: latest available year, 2013–2022.") See also, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends."

[43] John S. Santelli et al., "Inequality, National Wealth, Economic Development and Global Trends in Teenage Birth Rates, 1990-2010," *Journal of Adolescent Health*, vol. 52, no. 1 (February 2013); and Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?," *Journal of Economic Perspectives*, Spring: 26(2), 2012, pp. 141-166. (Hereinafter, Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?"); John S. Santelli et al., "Global Trends in Adolescent Fertility, 1990–2012, in Relation to National Wealth, Income Inequalities, and Educational Expenditures," *Journal of Adolescent Health*, vol. 60, no. 2 (February 2017), pp. 161-168; and Torleif Halkjelsvik and Vegard Fykse Skirbekk, "Concurrent Decline in Teenage Fertility Rate and Binge Drinking? An Observational Study Across 45 Nations," *Drug and Alcohol Review*, 2024.

research literature, which is somewhat limited, indicates that use of contraceptives among teens appears to be greater in other developed countries compared with the United States.[44]

Financial and Social Costs of Teen Births

Adolescent childbearing has high costs for the families of teen parents and society more generally.[45] Teenage mothers and fathers tend to have less education and are more likely to have lower income than their peers who are not teen parents. For example, approximately 90% of women who do not give birth during adolescence graduate from high school, whereas about 50% of teen mothers receive a high school diploma by 22 years of age.[46] In addition, according to the HHS Office of Population Affairs,[47] adolescents who have children before turning 20 (compared with older parents) are

- more likely to need public assistance;
- more likely to have low income as adults; and
- more likely to have children who face challenges such as poorer educational, behavioral, and health outcomes.[48]

These adverse outcomes may be explained in part by the accompanying stressors and risk factors linked to having a child as a teen. They are also partly explained by underlying differences between those who give birth as teens and those who delay childbearing. Lower levels of education reduce teen parents' potential for economic self-sufficiency. At the same time, having lower income and less education can also increase the likelihood of teens becoming pregnant in the first place.[49] Compared with their counterparts who have children at a later age, teen mothers often come from more disadvantaged backgrounds (e.g., family more likely to receive public welfare benefits, parents have lower levels of education) or, as discussed below, may be the children of teen parents themselves.[50] In addition, teen sexual activity, even among those who do not become pregnant, can increase the risk of sexually transmitted infections (STIs), which can lead to long-term health issues. Some STIs are disproportionately common among adolescents and young adults.[51]

Adolescent childbearing can also affect the children of teen parents. Children of teenage mothers have poorer outcomes than children of mothers who give birth in their early 20s or later. They are

[44] Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?" See also, Gilda Sedgh et al., "Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Trends"; Rachel H. Scott et al., "Adolescent Sexual Activity, Contraceptive Use, and Pregnancy in Britain and the U.S.: A Multidecade Comparison," *Journal of Adolescent Health*, vol. 66, no. 5 (May 2020), pp. 582-588.

[45] HHS, CDC, *Winnable Battles Final Report*.

[46] HHS, CDC, "About Teen Pregnancy," May 15, 2024, https://www.cdc.gov/reproductive-health/teen-pregnancy/index.html.

[47] On March 27, 2025, HHS issued a press release and fact sheet announcing the restructuring of HHS. At the time of this report's publication, the potential effect of this restructuring on activities within the Office of Population Affairs is unknown. U.S. Department of Health and Human Services, "Fact Sheet: HHS' Transformation to Make America Healthy Again," press release, March 27, 2025, https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html.

[48] HHS, OPA, OASH, "About Teen Pregnancy and Childbearing," https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/about-teen-pregnancy-and-childbearing.

[49] Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*.

[50] Melissa S. Kearney and Phillip B. Levine, "Why Is the Teen Birth Rate in the United States So High and Why Does It Matter?"; and Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*.

[51] HHS, CDC, *National Overview of STIs, 2022*, January 2024.

generally more likely to (1) have chronic medical conditions, (2) use public health care, (3) have lower school readiness scores, (4) do poorly in school, (5) give birth during their teen years (females), and (6) be incarcerated (males).[52] Relatedly, NVSS data examining linked infant and maternal health records indicated that infants born to teen mothers are more likely to face higher rates of neonatal and infant mortality and morbidity, including preterm birth or low birth weight, while teen mothers also face heightened risk of maternal health complications.[53]

In addition to the consequences for teens and their families, teen childbearing has societal impacts. One study examined these societal impacts, specifically estimating the cost savings to public programs that were associated with avoiding unintended pregnancies during the teen years. The Power to Decide[54] did a simulation analysis to estimate the number of births to teenagers that had been averted due to the decrease in teen fertility rates from 1991 to 2015. The analysis then estimated total savings of $4.4 billion for this period, taking into consideration the cost savings to Medicaid that would have been associated with labor and delivery, postpartum care for the mother, and infant care, and receipt of Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits. Additional research of decreased or delayed teenage pregnancy and childbearing could help to inform the impacts for teen parents, their children, and society more generally.[55]

[52] Emily Holcombe et al., *Ten Reasons to Still Keep the Focus on Teen Childbearing*, Child Trends, March 2009; Urban Institute, *Kids Having Kids: Costs and Social Consequences of Teen Pregnancy*; and Stefanie Mollborn, "Teenage Mothers Today: What we Know and How it Matters," *Child Development Perspectives*, vol. 11, no. 1 (March 2017), pp. 63-69. See also Anna Aizer et al., "Grandparents, Moms, or Dads? Why children of teen mothers do worse in life," *Journal of Human Resources* (November 2020), pp. 1019-1052.

[53] Ashley M. Woodall and Anne K. Driscoll, *Racial and Ethnic Differences in Mortality Rate of Infants Born to Teen Mothers: United States, 2017–2018*, National Center for Health Statistics, Data Brief, No. 371, June 2020, https://www.cdc.gov/nchs/data/databriefs/db371-h.pdf.

[54] The Power to Decide is a Washington, DC-based organization that promotes that all young people have access to the sexual health information, reproductive health services, and sense of possibility that they need—to decide if, when, and under what circumstances to get pregnant and have a child. The Power to Decide, *Progress Pays Off Savings Fact Sheet*, https://powertodecide.org/sites/default/files/media/savings-fact-sheet-national.pdf.

[55] Kelleen Kaye and Alison Ng, *Estimating the State and National Savings Associated with Declines in Teen Childbearing*, Power to Decide, January 2018. The decrease in teen births is based on the additional number of teen births estimated to have occurred in 2015 if the teen birth rate remained the same as in 1991.

Appendix A. Teen Birth Rate, 1940-2023

Table A-1. Teen Birth Rate, 1940-2023

Birth rate is per 1,000 females aged 15 to 19

Year	Birth Rate	Year	Birth Rate	Year	Birth Rate
1940	54.1	1968	65.6	1996	53.5
1941	56.9	1969	65.5	1997	51.3
1942	61.1	1970	68.3	1998	50.3
1943	61.7	1971	64.5	1999	48.8
1944	54.3	1972	61.7	2000	47.7
1945	51.1	1973	59.3	2001	45.0
1946	59.3	1974	57.5	2002	42.6
1947	79.3	1975	55.6	2003	41.1
1948	81.1	1976	52.8	2004	40.5
1949	83.4	1977	52.8	2005	39.7
1950	81.6	1978	51.5	2006	41.1
1951	87.6	1979	52.3	2007	41.5
1952	86.1	1980	53.0	2008	40.2
1953	88.2	1981	52.2	2009	37.9
1954	90.6	1982	52.4	2010	34.2
1955	90.3	1983	51.4	2011	31.3
1956	94.6	1984	50.6	2012	29.4
1957	96.3	1985	51.0	2013	26.5
1958	91.4	1986	50.2	2014	24.2
1959	89.1	1987	50.6	2015	22.3
1960	89.1	1988	53.0	2016	20.3
1961	88.6	1989	57.3	2017	18.8
1962	81.4	1990	59.9	2018	17.4
1963	76.7	1991	61.8	2019	16.7
1964	73.1	1992	60.3	2020	15.0
1965	70.5	1993	59.0	2021	13.9
1966	70.3	1994	58.2	2022	13.6
1967	67.5	1995	56.0	2023	13.1

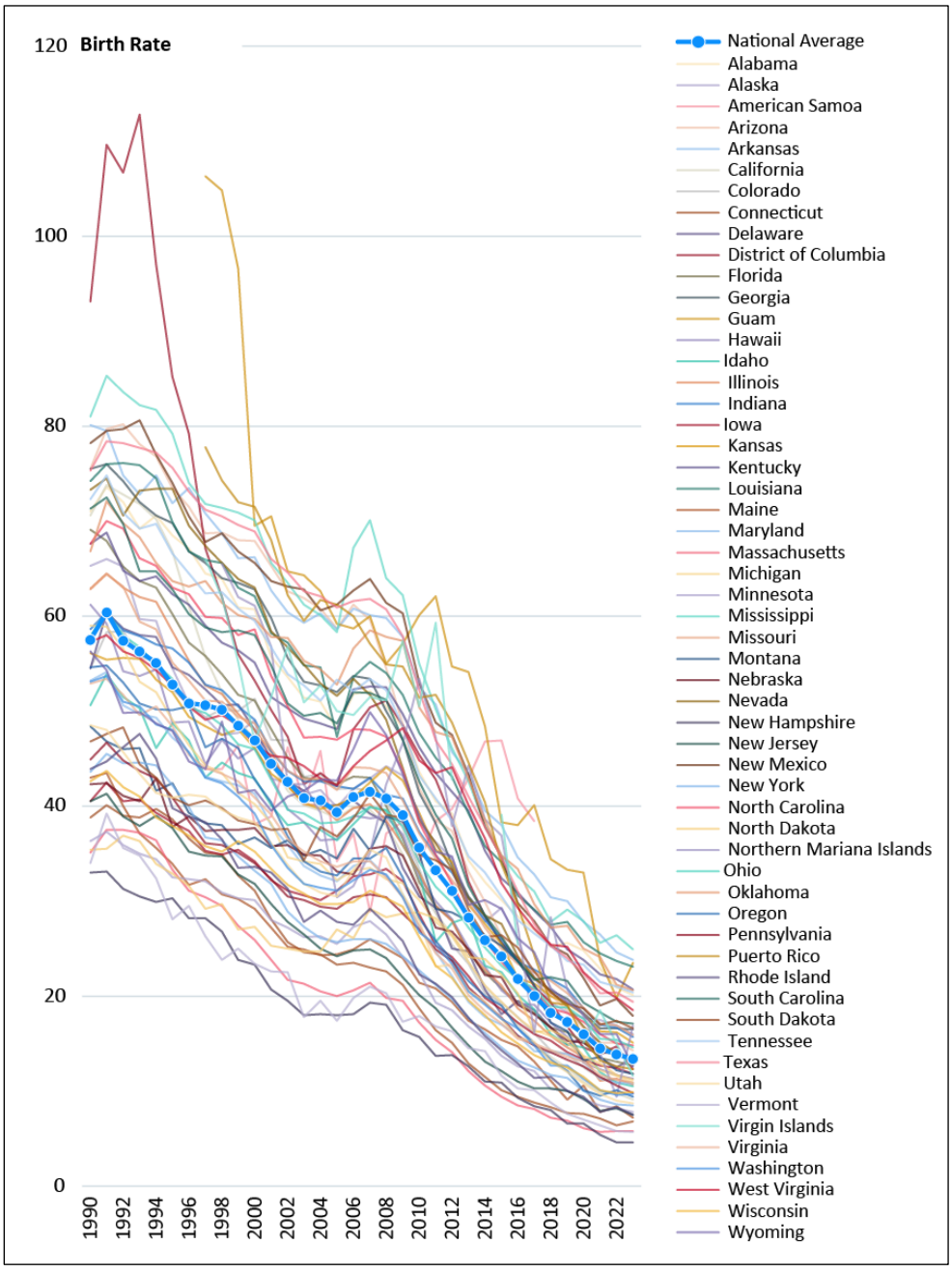
Source: Table prepared by the Congressional Research Service based on data from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: These data are presented in **Figure 1**, which is interactive in the HTML version of this report. National teen birth rates do not include data from the U.S. territories.

Appendix B. Teen Birth Rates

Figure B-1. Teen Birth Rates, by State and Territory

Birth rate is per 1,000 females aged 15 to 19. Figure is interactive in the HTML report version.



Source: Figure prepared by the Congressional Research Service based on data from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: These data were used to calculate five-year state averages in **Figure 3**. Some data are unavailable for certain territories in certain years. See **Table B-1**, **Table B-2**, and **Table B-3** in **Appendix B** for more information.

Table B-1. Teen Birth Rates, by State and Territory, 1990-2000

State/Territory	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Alabama	71.0	73.6	72.0	69.2	70.6	68.5	67.1	64.5	63.9	60.9	60.7
Alaska	65.3	66.0	65.2	59.7	59.5	54.5	50.8	49.3	47.5	47.7	49.0
Arizona	75.5	79.7	80.2	78.1	76.8	73.5	71.5	68.7	68.8	68.0	67.9
Arkansas	80.1	79.5	74.8	72.8	74.8	71.9	73.5	70.8	68.7	66.1	66.2
California	70.6	73.8	72.8	71.8	70.2	66.8	61.0	55.7	52.0	49.1	47.0
Colorado	54.5	58.3	58.4	55.8	55.2	52.3	50.7	49.3	50.2	50.0	51.3
Connecticut	38.8	40.1	39.0	38.8	39.7	38.6	36.6	35.1	34.9	32.7	31.1
District of Columbia	54.5	60.4	58.7	58.0	57.8	54.6	53.8	52.3	50.6	50.7	48.0
Delaware	93.1	109.6	106.7	112.8	97.0	85.2	79.2	67.1	62.0	56.0	53.2
Florida	69.1	67.9	65.2	63.7	63.0	60.2	57.2	55.8	53.9	51.7	51.1
Georgia	75.5	76.0	74.2	72.0	70.6	69.8	66.8	65.6	64.0	63.5	62.8
Hawaii	61.2	59.2	54.2	53.7	54.4	48.8	48.9	44.4	47.0	45.0	46.1
Idaho	50.6	53.9	51.5	50.3	46.1	48.7	46.9	43.0	44.6	43.5	42.9
Illinois	62.9	64.5	63.0	62.0	61.5	58.4	55.3	52.7	51.8	49.7	48.0
Indiana	58.6	60.4	58.5	57.9	57.0	56.6	55.1	52.8	52.2	50.5	49.1
Iowa	40.5	42.5	40.5	40.7	39.3	38.3	37.4	35.3	34.9	35.4	34.2
Kansas	56.1	55.4	55.6	55.5	53.3	52.0	49.4	48.4	47.5	48.1	46.1
Kentucky	67.6	68.8	64.8	63.7	64.2	62.3	61.2	59.0	57.2	56.4	55.1
Louisiana	74.2	76.0	76.1	75.9	74.5	69.9	66.8	65.9	65.6	63.0	62.1
Maine	43.0	43.5	40.0	37.1	35.6	33.9	31.7	32.3	30.7	30.2	29.2
Maryland	53.2	54.1	50.6	49.7	49.3	47.2	45.7	43.1	42.6	42.2	41.3
Massachusetts	35.1	37.5	37.5	37.2	36.4	33.3	31.1	30.4	29.5	27.4	25.9
Michigan	59.0	58.9	56.6	53.1	52.0	49.1	46.4	44.3	43.5	41.4	40.2

State/Territory	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Minnesota	36.3	37.3	35.9	35.0	34.4	32.5	32.3	32.1	30.9	30.3	30.1
Mississippi	81.0	85.3	83.6	82.2	81.7	79.2	74.0	71.8	71.4	70.9	70.1
Missouri	62.8	64.4	63.1	59.4	58.6	55.1	53.2	51.1	51.0	49.4	48.7
Montana	48.4	46.8	46.0	46.1	41.6	42.4	39.3	38.2	38.0	36.0	36.7
Nebraska	42.3	42.4	41.1	40.5	42.9	37.8	38.9	37.4	37.5	37.5	37.7
Nevada	73.3	74.5	70.6	73.2	73.4	73.4	69.5	67.4	65.6	63.9	63.0
New Hampshire	33.0	33.1	31.3	30.5	29.9	30.3	28.2	28.2	26.8	23.8	23.3
New Jersey	40.5	41.3	38.9	37.9	39.0	37.7	35.2	34.8	34.7	32.8	31.8
New Mexico	78.2	79.5	79.7	80.6	77.0	74.0	70.5	67.8	68.7	66.8	65.6
New York	43.6	45.5	44.5	44.6	44.3	42.2	39.9	36.7	36.4	34.7	33.2
North Carolina	67.6	70.0	69.2	66.1	65.3	63.0	62.3	59.9	59.8	58.0	58.6
North Dakota	35.4	35.5	36.9	36.3	33.9	32.9	31.6	29.2	29.7	27.0	27.3
Ohio	57.9	60.5	58.0	56.7	54.9	53.4	50.4	49.8	48.5	46.5	46.0
Oklahoma	66.8	72.1	69.8	68.3	65.6	63.7	63.1	63.7	61.4	60.1	59.7
Oregon	54.6	54.8	53.0	50.8	50.2	50.1	50.5	46.2	47.1	46.1	42.8
Pennsylvania	44.9	46.7	44.8	43.7	42.9	40.9	38.4	36.1	35.9	35.1	34.0
Rhode Island	43.9	44.7	46.2	47.6	45.0	39.8	38.9	38.3	36.5	33.5	33.6
South Carolina	71.3	72.5	69.7	64.7	64.7	62.8	60.2	58.8	58.3	58.5	58.0
South Dakota	46.8	47.6	48.3	44.4	43.0	40.9	40.1	40.6	39.8	38.5	38.1
Tennessee	72.3	74.8	70.9	69.2	69.7	66.6	64.5	62.4	62.5	60.8	59.5
Texas	75.3	78.4	78.2	77.7	77.2	75.6	73.1	71.2	70.5	69.6	68.9
Utah	48.5	48.0	45.7	43.4	41.4	40.9	41.2	41.0	39.6	38.8	38.3
Vermont	34.0	39.2	35.6	34.8	32.4	28.1	29.5	26.3	23.8	25.0	23.4
Virginia	52.9	53.4	51.7	49.6	50.5	48.4	45.4	44.0	43.4	42.6	40.9
Washington	53.1	53.7	51.0	50.5	48.6	48.0	45.6	43.0	42.4	41.0	39.2

State/Territory	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
West Virginia	57.3	58.0	56.3	55.6	54.3	52.7	50.5	49.1	49.6	48.5	46.5
Wisconsin	42.6	43.7	42.0	41.0	38.8	37.9	36.9	35.8	35.2	36.3	35.2
Wyoming	56.3	54.3	49.8	49.9	48.7	47.9	44.7	43.9	48.9	41.4	41.7
Total—United States	59.9	61.8	60.3	59.0	58.2	56.0	53.5	51.3	50.3	48.8	47.7
American Samoa	n/a	n/a	n/a	n/a	n/a	n/a	n/a	43.9	43.9	46.4	38.1
Guam	n/a	95.7	n/a	n/a	n/a	n/a	n/a	106.3	104.8	96.6	69.5
Northern Marianas	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	65.5	62.0	61.1
Puerto Rico	n/a	72.4	n/a	n/a	n/a	n/a	n/a	77.8	n/a	n/a	n/a
U.S. Virgin Islands	n/a	77.9	n/a	n/a	n/a	n/a	n/a	66	62	55.2	46.8

Source: Table prepared by the Congressional Research Service based on data from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: These data were used to calculate the five-year state averages presented in **Figure 3**. "N/A" indicates data that were unavailable for certain territories in certain years. *Total – United States* teen birth rates do not include data from the U.S. territories.

Table B-2. Teen Birth Rates, by State and Territory, 2001-2011

State/Territory	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Alabama	55.7	53.6	51.4	51.0	48.1	51.8	52.1	50.5	48.3	43.6	40.5
Alaska	42.9	42.4	41.2	41.7	39.9	41.8	42.9	44.2	43.2	38.3	36.2
Arizona	65.3	62.6	61.9	60.8	58.7	61.2	59.6	54.5	48.6	41.9	38.5
Arkansas	62.7	60.4	59.3	60.3	58.6	60.8	60.1	59.8	57.8	52.5	50.7
California	44.5	41.6	40.1	39.5	38.7	39.9	39.6	37.9	34.9	31.5	28.7
Colorado	47.0	46.9	43.1	43.3	41.8	41.9	41.6	40.5	37.7	33.4	28.9
Connecticut	28.1	25.7	24.6	24.4	23.3	23.5	23.0	22.6	21.2	18.7	16.4

State/Territory	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
District of Columbia	45.0	42.6	41.6	40.0	40.1	40.6	39.2	38.3	33.5	30.5	29.3
Delaware	50.1	47.3	42.3	43.5	42.1	48.1	50.4	51.1	48.5	45.4	42.8
Florida	48.1	45.1	43.0	42.7	42.3	43.1	43.0	40.0	36.6	32.0	29.5
Georgia	59.8	55.6	53.1	52.7	52.0	53.7	53.4	50.0	47.0	41.4	38.2
Hawaii	43.1	39.7	38.3	36.4	36.5	39.0	38.7	38.9	37.0	32.5	30.0
Idaho	40.1	38.0	38.3	37.5	36.4	38.1	39.9	39.6	35.9	33.0	25.7
Illinois	45.7	42.2	40.2	40.1	38.5	39.8	40.2	38.5	35.9	33.0	29.5
Indiana	45.8	43.7	42.6	42.6	42.1	41.8	43.0	41.2	40.8	37.3	34.8
Iowa	32.2	31.1	30.6	30.1	31.1	32.6	32.8	33.4	32.1	28.6	25.3
Kansas	43.4	42.1	40.3	39.7	40.1	40.9	42.5	44.1	42.7	39.3	35.4
Kentucky	51.5	50.3	49.2	48.7	48.1	52.3	52.6	52.5	49.7	46.2	43.5
Louisiana	58.2	57.2	54.8	54.6	47.3	53.6	55.2	54.0	51.7	47.7	45.1
Maine	27.2	25.2	24.9	24.3	24.4	24.9	26.0	25.0	24.0	21.4	20.8
Maryland	38.0	35.9	33.7	32.7	32.1	33.7	34.3	32.6	30.7	27.3	24.7
Massachusetts	23.8	21.7	21.3	20.5	20.0	20.6	21.4	19.8	19.5	17.2	15.4
Michigan	38.2	34.6	34.2	33.9	32.2	33.2	33.5	32.3	31.9	30.1	27.8
Minnesota	28.0	27.2	26.2	26.3	25.5	27.3	27.9	26.5	24.1	22.5	19.3
Mississippi	65.6	63.5	61.2	60.1	58.3	67.2	70.1	64.0	62.2	55.0	50.2
Missouri	46.0	43.7	42.8	42.9	41.7	44.1	44.0	43.5	40.6	37.1	34.5
Montana	35.6	36.4	34.8	35.4	34.5	37.6	35.3	38.9	38.4	35.0	29.2
Nebraska	35.8	35.9	34.9	34.8	33.1	32.8	35.5	35.8	34.8	31.1	27.2
Nevada	58.4	56.7	54.9	52.9	51.6	53.4	51.7	49.1	44.0	38.6	36.1
New Hampshire	20.7	19.5	18.0	18.1	18.0	18.1	19.3	19.1	16.4	15.7	13.7
New Jersey	29.7	27.8	26.5	25.0	24.2	24.8	24.9	24.0	22.0	20.1	18.7

State/Territory	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
New Mexico	63.7	63.1	62.8	60.6	61.2	62.7	63.9	61.4	60.3	53.0	48.8
New York	31.8	28.9	27.3	26.1	25.7	26.0	26.0	25.5	24.2	22.7	21.2
North Carolina	53.7	50.5	47.2	47.3	47.0	48.1	48.0	47.3	43.7	38.3	34.9
North Dakota	25.3	25.0	24.7	24.7	27.0	26.1	29.2	28.3	28.7	28.8	28.2
Ohio	42.8	39.6	39.2	38.2	38.3	38.9	39.9	39.5	37.9	34.1	31.5
Oklahoma	57.8	57.7	55.3	54.4	52.8	56.6	58.5	57.8	57.4	50.4	47.8
Oregon	40.4	36.8	34.2	33.1	32.7	34.5	34.5	35.6	32.5	28.2	25.8
Pennsylvania	32.3	30.5	30.1	29.4	29.2	30.4	30.7	30.4	28.7	27.0	24.9
Rhode Island	33.0	31.3	27.8	29.0	27.8	27.5	29.2	27.6	25.8	22.3	21.3
South Carolina	54.8	50.8	49.5	49.8	48.7	52.0	51.9	51.2	47.0	42.6	39.1
South Dakota	37.5	37.6	34.3	37.8	36.8	38.7	41.3	39.1	38.7	34.9	34.3
Tennessee	56.7	53.9	52.7	51.1	53.3	52.1	53.4	52.2	48.4	43.2	40.8
Texas	66.0	64.6	62.6	62.1	60.9	61.6	61.8	60.7	57.9	52.2	46.9
Utah	36.1	33.8	31.8	30.9	30.5	33.3	35.4	34.6	30.7	27.9	23.1
Vermont	22.6	22.5	17.8	19.5	17.4	19.8	21.0	20.3	17.3	17.9	16.8
Virginia	39.1	36.5	35.2	34.2	33.6	34.2	34.2	32.5	30.4	27.4	24.5
Washington	35.9	33.5	31.8	31.4	31.1	32.2	33.3	32.8	30.4	26.7	25.4
West Virginia	45.3	45.1	44.2	42.9	42.2	44.2	45.8	46.9	48.2	44.8	43.5
Wisconsin	33.4	31.7	30.8	29.7	29.7	29.9	31.1	30.3	29.4	26.2	23.2
Wyoming	39.5	41.0	41.6	42.8	42.7	46.0	49.9	47.5	43.4	39.0	35.2
Total—United States	45.0	42.6	41.1	40.5	39.7	41.1	41.5	40.2	37.9	34.2	31.3
American Samoa	38.9	46.2	40.4	45.8	34.2	37.1	28.9	37.1	38.4	34.1	38.4
Guam	70.5	64.7	64.3	62.6	59.2	58.7	60.0	55.0	57.1	60.1	62.1

State/Territory	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Northern Marianas	56.8	42.3	42.3	39.3	30.4	31.6	35.1	42.3	46.6	53.4	47.2
Puerto Rico	68.0	62.2	59.5	61.7	61.2	60.0	57.1	54.9	54.7	51.4	51.7
U.S. Virgin Islands	51.5	56.8	50.9	52.7	50.0	49.6	51.5	51.1	57.4	50.5	59.3

Source: Table prepared by the Congressional Research Service based on data from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: These data were used to calculate the five-year state averages presented in **Figure 3**. "N/A" indicates data that were unavailable for certain territories in certain years. *Total – United States* teen birth rates do not include data from the U.S. territories.

Table B-3. Teen Birth Rates, by State and Territory, 2012-2023

State/Territory	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alabama	39.2	34.3	32.0	30.1	28.4	27.0	25.2	25.6	24.8	22.9	20.9	20.1
Alaska	34.5	30.3	27.8	29.3	25.8	22.0	19.3	18.3	17.7	17.5	16.9	16.0
Arizona	37.4	33.1	29.9	26.3	23.6	22.0	20.1	18.5	16.6	15.1	15.1	14.3
Arkansas	45.7	43.5	39.5	38.0	34.6	32.8	30.4	30.0	27.8	26.5	24.6	23.8
California	26.5	23.6	21.1	19.0	17.0	15.1	13.6	12.4	11.0	9.9	9.8	9.1
Colorado	25.4	23.4	20.3	19.3	17.8	16.1	14.3	13.9	12.5	11.4	11.1	10.9
Connecticut	15.1	12.9	11.5	10.1	9.4	8.8	8.3	7.7	7.6	7.1	6.4	6.8
District of Columbia	25.0	24.7	20.7	18.1	19.5	18.5	16.7	14.9	15.6	13.5	12.5	13.5
Delaware	38.6	32.1	28.4	25.6	24.0	21.0	19.3	16.8	14.6	13.9	14.7	12.3
Florida	28.0	24.6	22.5	20.8	19.3	18.2	16.7	16.2	15.2	13.5	13.1	12.7
Georgia	33.8	30.5	28.4	25.6	23.6	21.9	20.6	19.7	18.2	16.6	16.6	16.5
Hawaii	28.1	25.1	23.1	20.6	19.2	19.1	17.2	15.7	13.0	12.3	11.7	11.3
Idaho	27.7	28.3	23.2	22.5	20.1	18.6	16.0	14.9	14.6	12.0	10.9	10.5

State/Territory	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Illinois	27.9	24.6	22.8	21.1	18.7	17.4	15.8	14.6	13.6	11.1	11.3	10.7
Indiana	33.0	30.3	28.0	26.0.	23.6	22.8	21.8	20.8	18.7	17.0	16.7	15.7
Iowa	24.1	22.1	19.8	18.6	17.2	16.0	15.3	14.1	13.3	12.7	12.4	11.8
Kansas	34.1	29.6	27.6	25.5	21.9	21.3	20.0	19.2	18.1	16.3	16.2	15.1
Kentucky	41.5	39.5	35.3	32.4	30.9	29.0	27.3	24.9	23.8	22.3	21.8	20.7
Louisiana	43.1	39.2	35.8	34.1	30.6	29.1	27.5	27.8	25.7	24.5	23.7	23.1
Maine	19.4	17.4	16.5	15.4	14.7	13.1	11.1	9.1	10.6	7.8	8.4	7.2
Maryland	22.1	19.4	17.8	17.0	15.9	14.2	14.1	13.9	13.1	11.3	10.9	10.8
Massachusetts	14.1	12.1	10.6	9.4	8.5	8.1	7.2	6.9	6.1	5.7	5.8	5.8
Michigan	26.3	23.6	21.1	19.4	17.7	16.4	15.8	15.1	13.5	12.2	11.6	10.9
Minnesota	18.5	16.8	15.5	13.7	12.6	12.1	10.2	10.1	9.1	8.5	8.2	7.8
Mississippi	46.1	42.6	38.0	34.8	32.6	31.0	27.8	29.1	27.9	25.6	26.4	24.9
Missouri	32.2	30.0	27.2	25.0	23.4	22.5	21.6	20.3	18.8	17.1	16.9	15.9
Montana	28.8	27.9	26.4	25.3	23.7	21.2	17.2	16.3	13.2	13.6	12.2	11.8
Nebraska	26.8	24.9	22.2	22.0	19.1	18.1	16.7	15.3	15.1	14.0	14.1	13.1
Nevada	33.4	30.3	28.5	27.6	24.2	21.9	20.5	18.9	16.8	15.1	14.0	13.1
New Hampshire	13.8	12.6	11.0	10.9	9.3	8.4	8.0	6.6	6.6	5.4	4.6	4.6
New Jersey	16.7	14.8	13.1	12.1	11.0	10.3	10.3	10.0	9.2	7.9	8.2	7.5
New Mexico	47.5	43.3	37.8	34.6	29.8	27.9	25.3	24.4	21.9	19.0	19.7	17.9
New York	19.7	17.7	16.1	14.6	13.2	12.5	11.7	11.4	10.0	9.1	8.6	8.5
North Carolina	31.8	28.4	25.9	23.6	21.8	20.6	18.7	18.2	17.3	16.0	15.0	14.8
North Dakota	26.5	24.1	23.9	22.2	20.3	16.2	16.4	15.6	13.7	12.9	11.7	11.2
Ohio	29.8	27.2	25.1	23.2	21.8	20.8	18.9	18.8	17.6	15.5	15.4	14.6
Oklahoma	47.3	42.9	38.5	34.8	33.4	29.7	27.2	27.4	25.0	24.1	21.2	20.6
Oregon	23.8	21.6	20.0	19.0	16.6	15.0	13.3	12.1	10.1	9.5	10.1	9.4

State/Territory	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Pennsylvania	23.7	20.9	19.3	17.7	15.8	14.8	14.1	13.3	12.6	11.5	10.6	9.8
Rhode Island	19.9	17.7	15.8	14.3	12.9	11.4	11.5	10.0	9.4	7.8	8.3	7.5
South Carolina	36.6	31.6	28.5	26.2	23.7	21.7	22.0	21.6	19.3	18.3	17.3	17.1
South Dakota	33.3	29.1	26.2	26.4	25.1	22.6	20.4	19.2	18.7	17.0	17.4	16.6
Tennessee	38.5	34.7	33.0	30.5	28.0	26.6	25.3	23.7	23.3	21.5	21.0	20.4
Texas	44.4	41.0	37.8	34.6	31.0	27.6	25.3	24.0	22.4	20.3	20.4	19.4
Utah	23.3	20.6	19.4	17.6	15.6	15.2	13.1	12.0	10.8	9.7	9.0	8.7
Vermont	16.3	14.5	14.2	11.6	10.3	10.1	8.8	7.6	7.0	6.4	5.8	5.7
Virginia	22.9	20.1	18.4	17.1	15.5	15.0	14.3	13.6	13.1	11.7	11.2	10.9
Washington	23.4	20.5	19.1	17.6	16.6	14.8	12.7	12.7	11.3	10.1	9.6	9.7
West Virginia	44.1	40.1	36.6	31.9	29.3	27.1	25.4	25.2	22.5	20.9	19.8	18.5
Wisconsin	21.9	19.6	18.0	16.2	15.0	13.8	13.0	12.5	11.5	10.1	9.8	9.9
Wyoming	34.7	29.6	30.1	29.2	26.1	24.6	20.8	19.4	18.1	16.0	16.0	12.6
Total—United States	29.4	26.5	24.2	22.3	20.3	18.8	17.4	16.7	15.0	13.9	13.6	13.1
American Samoa	39.7	42.9	46.8	46.9	40.8	38.4	n/a	n/a	n/a	n/a	n/a	n/a
Guam	54.7	54.1	48.4	38.3	38.0	40.1	34.4	33.3	33.0	23.8	19.8	23.5
Northern Marianas	37.9	44.3	38.6	36.9	27.4	16.1	28.3	20.7	17.9	14	9.4	16.9
Puerto Rico	48.8	44.6	40.4	33.9	29.6	24.3	19.3	19.1	15.5	13.2	12.6	12.3
U.S. Virgin Islands	42.8	n/a	n/a	39.1	25.4	n/a	n/a	n/a	15.1	18.5	15.0	11.6

Source: Table prepared by the Congressional Research Service based on data from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: These data were used to calculate the five-year state averages presented in **Figure 3**. "N/A" indicates data that were unavailable for certain territories in certain years. *Total – United States* teen birth rates do not include data from the U.S. territories.

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Acknowledgments

This report was originally authored by Adrienne Fernandes-Alcantara, former CRS Specialist in Social Policy. The most recent edition of the report received invaluable assistance on graphics from Juan Pablo Madrid, CRS Visual Information Specialist, as well as data support from Sylvia Bryan, CRS Research Assistant.

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