Response to Exemplary Service Article, “The Door’s Perinatal Program for Pregnant and Parenting Teens”

Programs for Adolescent Mothers Are Needed

Wendy C. Budin, PhD, RNC, FACCE

WENDY BUDIN is an Associate Professor of Nursing and the Program Director of the Lamaze International Childbirth Educator Program in the College of Nursing at Seton Hall University in South Orange, New Jersey. She is a Fellow in the American College of Childbirth Educators and a member of Lamaze International’s Education Council Faculty Assembly.

Abstract

This column reviews the article “The Door’s Perinatal Program for Pregnant and Parenting Teens” [*Journal of Perinatal Education*, 9(2), 39–46] and acknowledges the need for innovative programs to help reduce the risks associated with adolescent pregnancy and teen births.

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Regular readers of *The Journal of Perinatal Education* will recognize this column as an ongoing forum for commentary on examples of exemplary practice. Since 1996, this journal strives to feature examples of perinatal service that portray some exemplary attributes worthy of replication. Following each “exemplary service article” is a commentary from a panel of perinatal managers. The members of the review panel each receive a copy of the article describing the innovative or exemplary program. They are each asked to discuss how realistic this service would be to implement on a larger scale. Questions that the perinatal managers are asked to ponder include the following: What potential does a service like this have? Is there anything like this practice in place at your setting? If not, how feasible would this practice be in your setting? What barriers would need to be overcome in order to implement a program like this? What are the supports needed?

This issue’s column provides commentary on the article “The Door’s Perinatal Program for Pregnant and Parenting Teens” (see pp. 39–46) in which authors Dewart and Zaengle describe an accessible, comprehensive, high-quality perinatal service for urban adolescents. Through

a holistic, family-centered, youth-development approach, the program provides a variety of health, educational, vocational, legal, and social services to young people between the ages of 12 and 21. These services are designed to counteract the adverse medical risks and psychosocial consequences of early childbirth and child rearing and to improve the immediate and long-term futures of the young mother and her new family.

Adolescent pregnancy and parenting continues to be a significant public health problem. Although the teen birthrates in the United States have declined in all 50 states and the District of Columbia, adolescent pregnancy in the U.S. is still higher than in many other industrialized nations. According to a report by The National Center for Health Statistics, teenage mothers are much less likely than older women to receive timely prenatal care, more likely to smoke, and less likely to gain the recommended weight during their pregnancy. They also tend to have more low-birth-weight infants (Association of Women's Health, Obstetric, and Neonatal Nurses, 1998).

The need for innovative programs with the potential to improve health outcomes in vulnerable populations of adolescent mothers and their infants continues to be an important health issue in our society. When adolescent pregnancy occurs among our urban populations, the problems are often compounded. As one member of the perinatal review panel expressed, "The day we do not have poverty, homelessness, inadequate education, limited child care, employment challenges, and welfare reform will be the day we are without problems. Sadly, that day will not come in our lifetime."

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According to one member of the perinatal review panel, many communities have programs like The Door, as described in the article. She described a wonderful "teen center" in her community that was established in collaboration with the state's department of family and children's services. "This center has dedicated nurses on site, school, day care, hot meals . . . the whole nine yards." When asked if the pregnancy rates have gone

down as a result of this program, the reviewer remarked that there have been no significant changes. When asked if the babies are healthier, she commented that, according to the center's statistics, the babies and mothers are healthier; thus, improved outcomes are evident. She went on to say the people involved with the program believe they are really making a difference with a very small population. Interestingly, not all members of the community support the benefits of this teen pregnancy program. The reviewer expressed that there are some community members who think this program glamorizes pregnancy. She stated that some older members of her community have been heard to say, "No wonder they keep having babies—you give them too much. You take their pain away and put them in a fancy room. What do you expect?"

Other existing programs for pregnant adolescents described by the perinatal review panel include "The Granny House" and church homes. These programs offer young women or girls a place to stay, a continuity-of-care clinic, classes, and follow-up services for healthy families until the children are 6 years old and successfully ready for school.

Reviewers agreed there would always be a need for these kinds of programs. The smaller community-based programs seemed more desirable. If programs were implemented on a larger scale, it was feared that some of the closeness to the participants would be lost.

The benefits of programs that provide one-on-one, comprehensive, holistic care like the services offered at The Door are noteworthy. Reflecting on the benefits of the care received by pregnant teens at her center, one perinatal manager shares:

In my opinion this might be the first time this person has ever *really* been cared for. If you have not felt cared for, how can you care for someone else? How will you know how to parent if you have never been parented? Working with these girls is a mission and a lifelong journey. This is not a simple task. These girls have sometimes been in such troubled waters that we cannot begin

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to comprehend. Four to six weeks in a shelter cannot block out a life of pain. I have a young girl now who lived under a bridge for the first 12 weeks of her pregnancy and had barely enough food to keep her alive. She is so preoccupied with her baby's well-being, that she can hardly listen to me, much less *relax*.

Reviewers agreed that establishing a program like The Door requires a long-term commitment. There is a need for dedicated people, collaboration, and adequate funding. A perinatal manager from a large suburban setting without a large pregnant teen population commented that, although they do not have a need for this type of program, it seems like an excellent one for an urban setting. She agreed that the service described in the article seemed especially conducive to teens and that the philosophy of a nonjudgmental approach was essential in dealing with a teen population. The multiservice aspect of this program seemed to encompass all the needs of this target population. This reviewer also cautioned that the support staff and the volume of patients seen each year would require a costly operating budget. She hoped The Door would be eligible for a variety of grant funds and that they had knowledgeable staff to seek out potential donors.

The Lamaze Advanced Skills Series has been providing Lamaze Teen Specialist Workshops across the country for several years. This workshop is designed for childbirth educators, perinatal nurses, school nurses, social workers, and other educators who wish to expand their knowledge and improve their ability and skill level to interact with teens on issues of birth and parenting. There must be many readers who have attended these exciting

workshops and are involved in innovative programs working with teens in their communities. Readers are encouraged to share other promising approaches that help reduce the risks associated with adolescent pregnancy and birth. As we work together to identify and implement exemplary service projects that empower teens to take responsibility for their health and the health of their children, perhaps we can make a difference in the children of tomorrow.

Acknowledgments

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- Susan Weinstein, RN, BS, FACCE – Director of Women's Health Education at St. Barnabas Medical Center in Livingston, New Jersey.

Invitation

We welcome other perinatal managers to join the review panel and provide feedback about future exemplary service articles. If you are interested, please call Wendy Budin, at (973) 761-9299 or e-mail her at budinwen@shu.edu or send her a note to College of Nursing, Seton Hall University, South Orange, NJ 07079.

Reference

Association of Women's Health, Obstetric, and Neonatal Nurses (1998). On the edge—Teen birth rates declining. *Lifelines* 2(4), 15.