

CASE STUDY #22: TEEN PREGNANCY

Community Health Assessment- Case Study #22: Teen Pregnancy

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Case scenario:

Camila is 16 years old and lives in Athens. She is Latina, and her family came to the United States from Mexico just before she was born. She has a boyfriend whom she loves and with whom she is sexually active. He was brought to the US by his family as a child. She is sure she is pregnant. Examine what is available and what is needed for people who are in this kind of situation. Issues to consider are the immigration status of her parents, the insurance status for her and her parents, and the difficulty in earning a living wage for her family. What might she do next?

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Health Section

What is Teenage Pregnancy

According to the American Pregnancy Association, teen pregnancy is defined as a pregnancy that occurs when a woman is under the age of 20 years old (Neupert, 2024). Young girls who are aged 12 or younger who become pregnant can also fall under the category of teenage pregnancy (Neupert, 2024). Teenage pregnancy is a common occurrence in populations that are familiar with poverty, illiteracy, and unemployment, although women outside of these populations are also vulnerable to teenage pregnancy (Chakole, 2022). The incidence of teenage pregnancy is mostly caused by the lack of education and the lack of health information, and access to contraceptives (Chakole, 2022). Teenage pregnancy is not solely an American problem. Factors such as the lack of autonomy – whether in rape or sexual abuse cases – also affect the rise of teenage pregnancy (Chakole, 2022). These risk factors will be further addressed in the “Risk Factors of Teen Pregnancy” section.

Comprehensive sexual education (CSE) programs can supply the adolescent population with accurate information regarding their sexuality and their sexual and reproductive health (Mark & Wu, 2022). Within a population-level analysis, it was shown that the implementation of comprehensive sexual education programs in various counties would lead to a 3% reduction in the teen birth rate, leading to a reduction on a national level (Mark & Wu, 2022). Although this is the case, only five of the states have laws requiring comprehensive sexual education (SIECUS, 2024). California, Oregon, and Washington require CSE to be taught in all schools, while Colorado and Illinois only require the curriculum to be comprehensive *if* it is taught in schools (SIECUS, 2024). All aforementioned states have teenage birth rates less than 11.4 births per

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1,000 females aged 15-19 years, which is less than the highest birth rate of 26.4 births per 1,000 females in the state of Mississippi (CDC, 2022).

Because teenage pregnancies are often the products of poor education systems, poor housing, economic disadvantages, and family instability, the cycle of teen pregnancy is most likely to keep repeating itself within populations who suffer from these conditions (DoSomething, n.d.). When a teen becomes pregnant, her probability of graduating from high school decreases, as more than 50% of teenage mothers never finish high school (DoSomething, n.d.). With that, children of teen mothers themselves were found to be 51% more likely to have a teenage pregnancy compared to those born to a mother above the age of 19 (Wall-Wieler et al., 2016). All these factors contribute to the repeating cycle of poverty and teenage pregnancy.

Teen pregnancies are not a monolith and appear different across different races and ethnic groups (HHS, n.d.). In 2022, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, Black, and Hispanic teenagers had teen birth rates that were double the rate of white teens, and almost ten times the rate for Asian teens (HHS, n.d.). Taking a closer look at these numbers, in 2022, American Indian/Alaska Native adolescents had the highest rates at 22.5 live births per 1,000 births, followed by Hispanic/Latina adolescents at 21.3, Native Hawaiian/Other Pacific Islander adolescents at 20.5, then black adolescents at 20.3 (Statista, n.d.). Although these rates have decreased marginally from past years, they still occur.

Risk Factors of Teen Pregnancy

Many risk factors contribute to adolescents becoming pregnant in their youth. One risk factor for high rates of pregnancy is socioeconomic status. There is a strong correlation between adolescent pregnancy and those with less education or low economic status. Another risk factor causing teen pregnancy is child marriage and child sexual abuse place girls at a higher risk of

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pregnancy (WHO, 2024). According to WHO, in 2019, adolescents aged 15-19 years in low - and middle-income countries had an estimated 21 million pregnancies each year, 50% were unintended, and resulted in 12 million births (WHO, 2024). Research shows that adolescents who are pregnant are highly vulnerable to domestic and partner violence. There has been an estimate globally that about a third of women experience violence with their partner involving psychological violence and sexual aggression (Sezgin and Punamaki, 2019). Having those types of issues it leads to a risk of adolescents getting pregnant or physical assaults which be causing bruises and wounding, sexual coercion (e.g., rape with physical force), psychological aggression (insulting and yelling), and negotiation respecting for or caring about feelings (Sezgin and Punamaki, 2019).

Individuals who lacked education or had a low education status had a higher birth rate. Women in families that received income maintenance in childhood but not at birth had about a 20% increased risk compared to those with records of poverty at birth only. Women born into poverty with a continued record of poverty in later childhood were over 40% more likely to have an early pregnancy (Garwood et al., 2016). There is also a lack of education and knowledge when teens are involved in sexual behaviors as they are more likely to lack an understanding of family planning and engage in risky behaviors (Diabelkova et al., 2023). Teens who do not attend school are more geared toward options of motherhood, or if teens are pregnant, they are more likely to drop out of school due to pregnancy and childbirth (Diabelkova et al., 2023).

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Health Risks of Teen Pregnancy

Teen pregnancy is associated with significant physical and mental health risks for the mothers and their babies. According to the World Health Organization, teen mothers are at a higher risk of conditions like eclampsia, puerperal endometritis, and systemic infections (WHO, 2024). Eclampsia is the development of generalized seizure in pregnant patients with hypertension of pregnancy (Yang et al., 2021). Another condition, endometriosis occurs when the kind of tissue that normally lines the uterus grows somewhere else (CDC, 2024). Systemic infections can also affect the entire body through the bloodstream (MedlinePlus, 2019). Babies are also at a higher risk of having low birth weight, preterm birth, and severe neonatal conditions. Mental health issues, including postpartum depression, substance use, and posttraumatic stress disorder can also take a substantial toll on mothers (Hodgkinson et al., 2014). Adolescent mothers experience significantly higher rates of depression, both prenatal and postpartum, than adult mothers and their nonpregnant peers. Early childbearing is also associated with an elevated risk of substance abuse. Nearly 50% of adolescent parents met the full criteria for post-traumatic stress disorder (Hodgkinson et al., 2014). These mental health issues can impact adolescents' mothers' ability to navigate and correctly care for their child. As a result, it can lead to behavioral complications in their child. Other challenges with being first-time mom include adjusting to physical changes of pregnancy, such as weight gain and stretch marks (Pregnancy and Body Image Office on Women's Health, 2021). With these new changes, teen mothers may experience poor body image, which is directly related to health concerns. Body dissatisfaction during pregnancy is related to eating disorders, emotional instability, anxiety, and depression, with negative consequences for the fetus (Eduardo Borba Salzer et al., 2023).

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Overall, teen pregnancy can lead to significant physical health issues for both the adolescent mothers and their baby.

What To Do When You First Discover Pregnancy

The decision on whether to raise a child is different for every person. Half of women in the U.S. have an unplanned pregnancy at some point in their lives and are left to make one of three decisions: choose to be parents, have an abortion, or utilize an adoption service. Parenting is when you raise a child, while an abortion is a medical procedure that terminates pregnancy. Lastly, adoption is giving birth and placing the child in the permanent care of another person or family (ACOG, 2024). It is important to know your options and to talk to others when making any of the following decisions. Speaking with your partner, family, friends, trusted adults, and specifically a counselor can help guide you to the most logical decision. Even with this guidance, it is important to know that no one should pressure you into deciding on pregnancy; only you can know what is right for you. Benefits of counseling include emotional support, exploration of options, consideration of personal and family values, discussion of the potential impact on education and career, how to get family and support figures involved, and access to unbiased medical professionals.

Parenting

If the decision is made to give birth to the child and go through with parenting, there are a lot of care components consistent with being pregnant. Pregnancy consists of prenatal and postpartum healthcare. Prenatal care aids in decreasing the risks associated with being pregnant to ensure a safe and healthy delivery. Regular visits monitor the mother and baby to identify any complications before they become serious. Prenatal care also includes quitting habits such as smoking and drinking, taking daily supplements, following proper nutrition, and learning how to

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prepare for labor and delivery (Healthline, 2025). During childbirth, which is around 40 weeks, postpartum care is very important. This is the period around six to eight weeks after the baby is born. The form of care within this period includes rest, nutrients and vaginal care for the mother, as well as checkups for the baby. Many of the physical and emotional challenges during this time are put onto the mother when adapting to having a newborn.

Additionally, the support necessary to become a parent plays a vital role in the mother's and baby's health. Peer groups, such as postpartum groups, young families' groups, childbirth education classes, feeding support groups, teen mom support groups are just a few in most local areas (ACOG, 2024). Childbirth classes, pharmaceutical expenses, diapers, formula, childcare costs, and just a few of the costly necessities.

Adoption

Similar to parenting, adoption still requires the pregnancy to come to term and childbirth to occur. However, the following is when the child is given legal custody to another parent or guardian. Therefore, things such as prenatal care, postpartum care for the mother, and counseling are still very important. There are several steps to putting a child up for adoption. For guidance through the process, a mother will typically get in contact with a licensed adoption agency. Then they can help her create a personalized adoption plan, find a family for her baby, meet the adoptive family, develop a hospital plan, give the consent for the adoption, and in some cases, build a relationship with the child or adoptive family (Adoption Network, 2025). The adoption process is very personalized for each circumstance. It is vital to understand that it is never too late to choose or revoke the decision of having an adoption. Like parenting, it is also important to consider counseling and seeking out support from your partner, family, and friends to keep both high physical and psychological well-being.

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Abortion

There are two common methods for terminating a pregnancy - through medication (pills) or a medical procedure. The decision to have an abortion is entirely personal, however, it is important to note that currently, depending on state laws, policies surrounding abortions may vary. A typical procedure consists of paperwork, ultrasounds and labs, consulting for the right option, consent, and lastly, providing details to the clinic. In the days following the procedure, exhaustion is expected. Having an abortion not only takes a physical toll on a woman, but also an emotional one. It is recommended to take time off school or work, spend time with family and friends, and contact a counselor or medical professional if mental well-being ever declines (Planned Parenthood, 2025).

Culture Section

Religion

Around two-thirds of Hispanics living in the United States are of Mexican descent. Many of whom were born in Mexico and therefore carried on the language, culture, and beliefs. Of this population, 61% of Mexican Americans identify as Catholic. Older Latinos born outside the U.S. were more likely to identify as Catholic than those born in the United States (Pew Research Center, 2022). The history of the Catholic faith can be traced back nearly 2,000 years (BBC, 2011). Despite this, many teachings have remained the same throughout, one being about sexual activity. The Catholic Church believes that sexual activities between men and women should be reserved for marriage, and therefore, engaging in sexual intercourse before this sacrament is a sin. The rate of experiencing premarital pregnancy among adolescents and young adult women is 7.30 per 1,000 person-years (NIH, 2018). The Catholic Church also believes that achieving pregnancy should be done through natural family planning. This is a term to describe fertility

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awareness and the ability to conceive. Meaning, forms of contraception are viewed as breaking chastity, however, it is still noted that among American reproductive women, 98% of Catholic women have used contraceptives (Guttmacher, 2012).

If one becomes pregnant while participating in pre-marital sex, the Catholic Church shares strong views on the options available. Becoming a parent is seen as a message from God, who is calling the parents to become saints of His. The mother should carry the pregnancy to term and rebuild and organize her life around the pregnancy. However, if the best interest of the child takes precedence, adoption is a good model of the Catholic faith. Values such as compassion and self-sacrifice are best used when defining adoption, as a woman is deciding to put the needs of her baby over her own. However, in not all cases are either of these options suitable, and the mother could instead choose to have an abortion. This is looked down upon in the Catholic faith. In a survey done in 2022, 76% of Catholics said abortions should be illegal in some cases but legal in others, 10% said illegal in all cases, and 13% said abortion should be legal in all cases (Pew Research Center, 2022). While these results may not be like other religions, several others also do not support abortion. These include but are not limited to Hinduism, Southern Baptist Convention, African Methodist Episcopal Church, Sikhism, Mormons, etc. (Pew Research Center, 2016). The target population for this research is based around Catholicism, as they are the second largest religious group in the U.S. after Protestantism and hold strong views on abstinence, chastity, and abortion.

Immigration

The United States' immigration system is governed by various policies, one of the most significant being the Immigration and Nationality Act (INA) (U.S. Citizenship and Immigration Services, 2019).

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To obtain a work visa, an individual must complete the necessary paperwork and have their petition approved by the U.S. Citizenship and Immigration Services (USCIS, n.d.). Additionally, there are several ways to become a U.S. citizen (USA GOV, n.d.). To qualify for naturalization, an applicant must be at least 18 years old and demonstrate basic proficiency in reading, writing, and speaking English. They must also meet specific eligibility criteria, such as being a lawful permanent resident (green card holder) for at least five years, being married to a U.S. citizen and a lawful permanent resident for at least three years, serving in the U.S. military, or being the child of a U.S. citizen (Department of Homeland Security, 2020).

The naturalization process requires individuals to complete ten steps, including filling out Form N-400, preparing for the naturalization interview, and taking an oath of allegiance. As part of the process, applicants must also pass the U.S. citizenship test, which consists of two sections: a civics test covering American history and government and an English test assessing reading, writing, and speaking skills. Completing these steps grants individuals U.S. citizenship, allowing them full legal rights and protections under the law (USA GOV, n.d.).

There are several ways families can obtain a green card or eventually become U.S. citizens under immigration policy. One possible path to permanent residency is through employer sponsorship. If a company is willing to sponsor their employee for a work visa, they can eventually qualify for a green card after working there for several years. Additionally, families who have lived in the U.S. for more than five years may be eligible to apply for citizenship through the naturalization process, which involves meeting residency requirements, passing a citizenship test, and completing an oath ceremony. However, an issue remains: if a woman were to become pregnant, her baby would automatically be a U.S. citizen because the baby would be born in the United States. Yet, if the mother or the family of the mother were to

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lose their legal status and face deportation, they would be forced to make a difficult decision. They could either leave their U.S.-born child behind with a guardian or take their child back to their native country, despite the baby's citizenship status. This situation highlights the struggles mixed-status families face, where immigration policies can lead to difficult choices that separate families or force them to leave behind the lives they built in the U.S.

Language Barrier

A language or communication barrier generally occurs between patients and medical personnel when a difference in the native language is present (Slade & Sergent, 2023). Latinos are the largest minority population in the United States and comprise the 25 million people in the United States with limited English proficiency (Steinberg et al., 2016). Given the great number of Latinx individuals facing language barriers, Latina teen mothers can encounter various challenges when accessing healthcare. Language proficiency significantly impacts one's ability to identify services needed, to secure appointments, and to effectively engage with healthcare providers while seeking care and managing post-appointment care and follow-up (Pandey et al., 2021). One challenge adolescent mothers can encounter is not recognizing the services provided and not securing the necessary appointments as information about healthcare services is usually provided in English (Pandey et al., 2021). As a result, they would have difficulty accessing services when needed, which could lead to more severe health issues. Other challenges are not being able to engage with healthcare providers, challenges related to paperwork, and understanding medical information (Pandey et al., 2021). If an adolescent mother has a language barrier, it can significantly impact her and her child's health because it makes it difficult for them to communicate effectively with their provider. Once more, this can lead to health issues like misdiagnosis and delayed treatment (De Moissac & Bowen, 2019). Another article stated that

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English language proficiency significantly affected the therapeutic relationship between patients and healthcare providers. Clients with language barriers were unable to explain their health conditions adequately (Pandey et al., 2021). While language barriers create challenges for adolescent mothers to access healthcare, the lack of translators and bilingual providers is also a significant issue that impacts their access to care. Because most health care organizations provide either inadequate interpreter services or no services at all, patients who have limited English proficiency do not receive the needed health care or quality health care (Jacobs et al., 2004). Overall, 39.7% of physicians reported speaking a language besides English. Among multilingual physicians, 37.3% reported frequently using a non-English language with patients (Ortega et al., 2022). This emphasizes the limited bilingual providers available, as 60% of healthcare providers do not speak a language other than English. Overall, language barriers can significantly affect an adolescent mother's access to healthcare, which can have detrimental impacts on them and their child. Additionally, the lack of translators and bilingual providers also plays a role in their access to care.

Social and Cultural Stigmas

The Hispanic community that lives in the U.S. is different from the Hispanics that live in South American countries. One study described the differences between encultured and acculturated, showing how supportive a family will be about a pregnancy depends on how influential the family is in their home country (Killoren et al., 2016).

General prevention

Sex education classes can be a good initiative to educate not only young Latinos, but their parents as well. These classes should be accessible, either provided by the school or a separate program outside of school. These education classes should be taught in Spanish and involve both

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the parents and children to open the doors for healthy discussion. School-based health Centers (SBHCs) play a crucial role in giving school-aged kids access to contraception, especially in rural and underserved communities. These SBHCs provide low-cost, easy, and private access when it comes to obtaining contraceptives (Westbrook, 2022). Postpartum contraception is also important because many teens during their first pregnancy do not receive accurate education or the care they need. To ensure that they get the right resources, some clinics provide flyers and free contraception as long as they are under the age of 18. Contraception that is free of charge can include anything from condoms to birth control pills and the arm implant.

Socioeconomic Status

Socioeconomic status (SES) is a term that encompasses income, education, employment, and the different perceptions of social status and social class (APA, n.d.). One's SES can dictate many things in their life. The ability to find work, the ability to receive adequate healthcare, and the ability to get an education. In terms of teenage pregnancy, girls who were categorized as having a lower SES were more likely to become pregnant compared to their SES counterparts (Penman-Aguilar et al., 2013).

Within the United States, 39% of black children and 33% of Latino children are considered to be living in poverty, which is more than double the rate for non-Latino white and Asian children (APA, n.d.). Black and Latino adolescents were among the top for having high birth rates. These demographics are also more likely to attend high-poverty schools and drop out compared to their white and Asian counterparts (APA, n.d.). The aforementioned reasons contribute to the repeated cycle of lower SES, which can be attributed to the teenage pregnancies within these groups (APA, n.d.).

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From a financial standpoint, having a lower socioeconomic status can be a hardship for any mother, especially a teenage one. With the structure of the American Health System, income and good insurance are needed to pay for any medical bills that may arise from hospital visits. Yet, if you are within the lower SES category, you are more likely to be a Medicaid recipient or uninsured (Becker & Newsome, 2003). This increases the chance that healthcare will only be sought out for medical emergencies, and said quality is more likely to be on the poor side (Becker & Newsome, 2003). This could cause teenage mothers to avoid health care for situations that are not as dire as emergencies, but are still important, due to its costs, which can result in poorer health outcomes.

In the United States, a woman giving birth will incur about \$19,000 in healthcare costs (Twitter et al., 2024). Depending on the type of insurance plan, her out-of-pocket cost will be around \$3,000 (Twitter et al., 2024). The ability to have an insurance plan greatly reduces how much a family would have to pay to have a child, as well as any costs after that (Twitter et al., 2024). If a family were unable to afford insurance, due to a lack of employment or income, they are more likely to incur medical debt, which will then lead them to financial debt (Twitter et al., 2024).

What is Needed

Sexual Counseling

Sexual counseling is recognized as an important aspect of care by the World Health Organization. Most recently, it has been defined as an interaction with patients that includes information on sexual concerns and safe return to sexual activity, as well as assessment, support, and specific advice related to psychological and sexual problems (Steinke & Jaarsma, 2015). It includes support, advice, and care for emotional and sexual concerns. At only 16, navigating a

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life-altering experience can be emotionally difficult and overwhelming. Therefore, Camila must have access to clear, supportive, and unbiased information to help her consider all of her options. Counselors can help guide this process by presenting the alternatives and providing Camila with the opportunity to explore each opportunity in an open and honest environment (FOSTER & MILLER, 1980). The counselor can be available during the postpartum period to provide support and resources, and can assist as needed (FOSTER & MILLER, 1980). Each choice comes with different responsibilities, emotions, and steps to follow, which a counselor can help Camila navigate. If the decision is to keep the baby, then the counselor's role will be one of support throughout the pregnancy. The counselor can help Camila cope with the many frustrations of pregnancy, manage the attitudes of people she will encounter, and integrate the tasks of adolescence with those of pregnancy (FOSTER & MILLER, 1980). A counselor can also explain the adoption process clearly and support Camila in deciding whether it is the right path for her (4 FAQs about Adoption Counseling | Considering Adoption, 2016). In addition to guidance with her options, Camila will also need emotional support. Pregnancy brings about significant changes in a woman's life, including physical, emotional, and psychological shifts. Camila may face several challenges, such as fear of labor and delivery, anxiety over health concerns for both herself and the baby, and dealing with an unplanned pregnancy etc. Counseling provides a safe and supportive environment for Camila to talk through these issues. Counselors can also help her and her partner navigate the emotional complexities of pregnancy. This includes managing anxiety, fears about labor, and relationship stresses (Hope House Women's Clinic, 2022). Additionally, Camila needs to understand her legal rights. According to the AMA Journal of Ethics, state health care consent laws provide adolescents with the right to consent to and receive confidential care. This means Camila has the right to make informed decisions about

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her pregnancy, and a counselor can help her understand those rights and how they apply to her. In conclusion, sexual counseling provides Camila with the mental and physical support she needs. Counselors can provide a strong support system to help an adolescent like Camila cope with pregnancy (FOSTER & MILLER, 1980).

Sexual Education & Post-Pregnancy

No matter the route Camila decides to take in her situation, post-pregnancy sexual education will be necessary. This includes but is not limited to post-contraception birth control, family planning, and education on how to practice safe sex.

Postpartum family planning is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth (WHO, 2024). Unintended and closely spaced births are a public health concern as they are associated with increased maternal, newborn, and child morbidity and mortality (HIP, 2023). Postpartum contraceptive services are more likely to reduce unintended pregnancies or those that are spaced rather closely (HIP, 2023). The World Health Organization recommends that women receive information on family planning, health benefits, social benefits, etc., during prenatal care or immediately after birth during postpartum (HIP, 2023). In Camila's situation, if she decided to terminate her pregnancy, it would still be appropriate to follow these measures. Methods of contraception will be dependent on whether Camila is breastfeeding or not. For both female and male sterilization, IUDs, implants, and condoms are available. For those breastfeeding, the additional options of progesterone-only pills and the LAM method are available, unlike for non-breastfeeding women. Additionally, non-breastfeeding women have the option of injectables and emergency contraception (HIP, 2023).

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Additionally, comprehensive sexual education will be in Camila's future. Less than half of teens report receiving the minimum educational instruction that is outlined in Healthy People 2030 before having intercourse (Annex Clinic, 2024). Sexual education will provide further knowledge on how to understand the body, the risks associated with unprotected sex (not just unintended pregnancy, but STI/STD information), and how to proceed to make responsible decisions moving forward. In all, it will empower Camila to make informed choices, prioritize her health, break the cycle of unplanned pregnancies, and foster a nurturing environment for both her and her child.

Pregnancy & Maternity Care

Prenatal care

If Camila decides to keep the baby, she needs to understand the pregnancy and maternity care process. This includes the significance of the prenatal and postnatal check-ups. She should also be aware of essential items needed for herself and the baby to ensure a smooth transition into motherhood. Additionally, gaining knowledge about the labor and delivery process will prepare her for childbirth and help her make informed decisions. By understanding these key aspects, Camila can take the necessary steps to maintain her and her baby's health throughout pregnancy and beyond.

According to the Office of the Assistant Secretary for Health (OASH), mothers who do not receive regular prenatal care are three times more likely to have low-birth-weight infants and five times more likely to experience maternal mortality compared to those who receive adequate prenatal care (Novoa, 2020). During the prenatal visits, doctors typically conduct physical exams, weight checks, ultrasounds, blood tests, and other imaging tests (National Institute of Health, 2017). The purpose of prenatal care is to help prevent complications and educate mothers

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on how to protect their babies and ensure a healthy pregnancy. Doctors recommend regular prenatal visits to monitor the mother's health and the baby's development. Prenatal checkups are typically scheduled every four weeks until 36 weeks of pregnancy, then more frequently until delivery (Cleveland Clinic, 2022). Camila's first prenatal visit will likely be the longest, as doctors will review her medical history, conduct a physical and pelvic exam, and estimate the baby's due date (Cleveland Clinic, 2022). Throughout pregnancy, she may undergo several common tests, including Noninvasive Prenatal Testing (NIPT), the Quad Screen, and screening for gestational diabetes. NIPT can detect conditions such as Down syndrome, Trisomy 13, and Trisomy 18 (Cleveland Clinic, 2022). Since Camila is a teen, she is at a higher risk of developing gestational diabetes, which may require more frequent testing (Cleveland Clinic, 2022). From week 36 until delivery, she will also be tested for Group B Strep (GBS), a bacterial infection that can be passed from mother to baby and may pose life-threatening risks if left untreated (Cleveland Clinic, 2022). Camila needs to attend her prenatal checkups to stay informed about her health and her baby's development. Regular screenings and tests can help detect potential issues early, allowing doctors to take preventive measures and ensure a healthier pregnancy. The cost of prenatal visits can range from \$100-\$200 or more per checkup, the amount varies depending on the type of checkup (Price, 2015). While additional services such as ultrasounds or laboratory tests typically cost around \$100 each and specialized tests, like NIPT or gestational diabetes screenings, can add to the overall expense. Throughout pregnancy, a mother typically attends 10 to 15 prenatal visits (Price, 2015). If Camila does not have health insurance, the total cost of these visits and additional tests may be more, compared to other patients who use health insurance to pay for the medical fees (National Institute of Health, 2017).

One of the most common risks to infant health is exposure to harmful substances such as

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tobacco and alcohol, which increase the chances of Sudden Infant Death Syndrome (SIDS) (National Institute of Health, 2017). Regular check-ups also help maintain a healthy pregnancy as healthcare providers can advise expectant mothers on essential dos and don'ts regarding diet, lifestyle, and environmental factors that could affect the baby's development (Novoa, 2020). Healthy eating is particularly important for both the mother and baby, as it supports proper growth and development. Nutrient-rich foods such as lean meats, fruits, vegetables, whole grains, and low-fat dairy products help ensure the baby receives essential vitamins and minerals (Staying Healthy During Pregnancy, 2023). By staying informed and committed to prenatal care, Camila can take the necessary steps to protect her health and give her baby the best possible start in life.

Labor & Delivery Prep

For Camila, understanding labor signs can help her prepare for childbirth and gain a better grasp of the delivery process, an important step in ensuring a safe birth (Labor and Delivery - Understanding Facts and the Process, 2023). The signs of labor can help Camila determine when she needs to go to the hospital or prepare for a home birth. There are various delivery methods, and she needs to understand the differences so that she and her doctors can choose the most suitable option for her and her baby. Knowing the differences between delivery methods can also help Camila prepare for what to expect during labor. The primary types of delivery include vaginal delivery, cesarean section (C-section), vaginal birth after cesarean (VBAC), and assisted vaginal delivery (Cleveland Clinic, 2022).

If Camila decides to give birth at a hospital, she will need to bring documents such as her ID, insurance card (if applicable), birth plan, and medical records (*Hospital, Midwife, and Delivery Costs*, 2018). These important documents are used to verify her identity and are also

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required to register her baby for citizenship. The hospital will provide the necessary forms for filing the baby's birth certificate and may even submit the paperwork on her behalf, along with a Social Security form. Afterward, she will need to visit the clerk's office in person to complete the birth certificate registration. To do this, she must bring a valid passport or photo ID, the hospital-issued paperwork confirming the baby's birth, the baby's name, and payment if she wishes to obtain additional copies of the birth certificate (*Hospital, Midwife, and Delivery Costs*, 2018). Other personal essentials for Camila will be a nursing bra or tank top, pajamas, slip-on shoes, a going-home outfit, bath towels, toiletries, pillows, and a phone charger. For the baby, she should pack a car seat, clothing, bottles, and the pediatrician's contact information. Baby diapers and towels will be provided by the hospital. If her boyfriend or family members accompany her to the hospital, they should also bring pillows, blankets, toiletries, clothing, laptops, or other items to keep them occupied during the stay (Babylist, 2024).

If Camila opts for a home birth, the supplies she needs for herself and the baby will be similar to what she will put in a hospital bag. Necessary home birth supplies include ice packs, a bowl for vomiting, large overnight pads, acetaminophen (Tylenol or any other brand) – 500 mg per tablet, Ibuprofen – 200 mg per tablet, Dimenhydrinate – 50 mg per tablet, washcloths, heating pads, diapers, blankets, baby clothes, body oil for the baby, and kitchen-sized trash bags (Checklist: Home Birth Supplies | AOM, n.d.).

Below is a table showing the different types of delivery methods and their associated costs, depending on whether Camila has insurance.

Baby Delivery Medical Procedure in the U.S.	Average Cost Without Insurance	Average Cost With Insurance and Private Insurance
Normal Vaginal Birth	\$1,200	\$1,500

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Prenatal Doctor's Visit and Care	\$100-\$200+ per visit	\$0-\$200 per visit
Prenatal Ultrasound	\$200-\$300	\$0-\$300
Labor and Delivery at the Hospital	\$3,00-\$37,000	\$3,400 can be more or less, depending on insurance
Home Birth	\$1,500- \$500,000	\$0-\$1,000
C-section	\$8,000-\$71,000	\$0-\$1,000

Sources: (*Having a Baby in the US? Hospital, Midwife, and Delivery Costs, 2018*)

By examining the costs of different labor and delivery methods, it is evident that having health insurance can significantly reduce hospital expenses. Since Camila lives in Athens, two major hospitals in the area that offer labor and delivery services are Piedmont Athens Regional Hospital and St. Mary's Hospital. Camila needs to contact these hospitals to inquire about their labor and delivery costs, both with and without insurance. Additionally, if she has health insurance, she should reach out to her provider to determine how much of her labor and delivery expenses will be covered. Contacting both the hospital and her insurance company will allow her and her boyfriend to estimate the necessary savings before she goes into labor.

Top Baby Essentials

Essential baby items include an electric nail trimmer, baby clothes, a swing or rocker, a crib, and diapers. For feeding needs, parents should have bottles, formula, or a breast pump, nipple cream, and nursing pads. If Camila is unable to breastfeed, baby formula will be necessary to ensure the infant receives proper nutrition. Other essential items include a pacifier, a car seat, burp cloths, and additional baby clothes. For entertainment and development, recommended toys include rattles, teething rings, and a playpen. Additionally, safety and mobility items such as a

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baby gate and a stroller are crucial (*Newborn Baby Essentials: The Ultimate Baby Checklist | Pampers, 2024*).

Importance of Postpartum Care

The postpartum period begins immediately after childbirth and typically lasts six to eight weeks, ending when the mother's body has nearly returned to its pre-pregnancy state. If Camila had a C-section, the incision site would also be examined (How Often Should You Have a Postnatal Checkup | St. Joseph Health, 2024). Additional assessments may include evaluating the uterus and cervix, as well as checking for hemorrhoids or varicose veins (How Often Should You Have a Postnatal Checkup | St. Joseph Health, 2024). Postpartum visits often cover important topics such as breastfeeding, contraception, resuming sexual activity, emotional well-being, and postpartum depression (*How Much Does a Postpartum Maternity Checkup Cost?*, n.d.). If Camila experiences postpartum depression, she can reach out to a family resource center to see if they offer support group sessions or classes. Connecting with peers in a support group can provide valuable advice and encouragement, helping her navigate and recover from her postpartum journey.

The cost of postpartum care varies. If Camila has health insurance, a postpartum visit will typically cost her between \$0-\$200 each visit. If she does not have insurance, the cost per visit can range more, where it can be up to \$100-500 or more, depending on the visit (*How Much Does a Postpartum Maternity Checkup Cost?*, n.d.).

Financial Aid

Given Camila's situation and the things she may need during her pregnancy period, there is the possibility that she will need financial aid to help pay for those items. Although the immigration status of Camila's parents is unknown, Camila is both under the age of 18 and

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pregnant. In the state of Georgia, you can be eligible to apply for Medicaid if you have low income *and* if you are one or more of the seven additional requirements (Georgia Medicaid, n.d.). Camila is two of the seven additional requirements. Because of Medicaid for pregnant women (RSM) that pays for medical care up to 12 months after giving birth, Camila can be entitled to a full range of covered services such as doctors' visits, prescription medication, and inpatient and outpatient hospital services (Georgia Medicaid, n.d.-b). Although Medicaid will pay for some of these services, there are things that Camila will need that will not be completely provided for by Medicaid.

If Camila were to seek out counseling, whether it be for her mental health, advice about what actions to take with her pregnancy, or sexual health counseling, Medicaid will cover in-network therapists, but after each session, a co-pay will be required (Zencare, n.d.). The first thing Camila would have to do is research whether or not there is a licensed therapist within Athens that accepts Medicaid. If there is not one, she will have to decide between either not seeking counseling or going out-of-network and falling into medical debt. If Camila finds an in-network therapist, she needs to decide whether the co-pay amount the clinic will charge is worth the service. There is also the possibility that Camila may need multiple sessions, which she may choose to forgo due to the co-pay amount.

It was previously established that Medicaid will pay for certain maternal care services for up to 12 months. Medicare will also cover vitamins under specific conditions. Under the Georgia Medicaid Fee-for-Service Policy, Medicaid will cover all prenatal vitamins without docosahexaenoic acid (DHA), only if they are below \$11. Medicaid will also cover these vitamins with DHA: Prenate DHA, Prenate Enhance, Prenate Essential, Prenate Mini, Prenate Pixie, and Prenate Restore (DCH, n.d.). Medicaid will approve other DHA vitamins only if you

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are pregnant, trying, or breastfeeding *and* have not been able to tolerate all six of the preferred DHA medications (DCH, n.d.). The problem here arises from the price of prenatal vitamins. Most of the prenatal vitamins that do not contain DHS are not under \$11, which limits the choice of vitamins to the six preferred ones. If Camila does not like the preferred options given, she has the opportunity to be approved for other vitamins, but the stipulation that arises is that she would have had to try all six vitamins before applying. This, within itself, can be time-consuming and taxing on the body, especially if she has adverse reactions to the vitamins. In terms of transportation, if Camila chooses to take an ambulance, the cost can range from \$250 to \$1,500, depending on the services provided during the ride (The Scope Blog - Understanding Ambulance Ride Costs: What You Need to Know - Tanner Health, 2025). The cost of an ambulance ride may also vary based on the distance from Camila's home to the hospital, as ambulance services typically charge per mile (Gerencher, 2022). If she chooses to drive to the hospital instead, her boyfriend or family members will need to ensure the gas tank is full. As of 2025, the average gas price in Clarke County is \$2.98 per gallon, though the total cost will depend on the type of gas required and the vehicle's fuel capacity (AAA Gas Prices, 2025).

If Camila chooses to keep her baby, there are several financial options she will need to consider. One option would be to stay at home and take care of her child, or enroll her child in a childcare facility. Child care affordability is one of the biggest challenges for low-income families that are seeking Medicaid (Adams et al., 2019). This is because child care can be very expensive, and any assistance from a federal child care subsidy program is not guaranteed (Adams et al., 2019). In the state of Georgia, Camila can be eligible for the Childcare and Parent Services (CAPS) program. This program helps parents access childcare so they can then attend work, school, or training programs (CAPS, n.d.). But with this program comes stipulations as

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well. One of the most pressing issues for Camila would be that a “family’s gross applicable income cannot exceed 50% of the state median income” (CAPS, n.d.). This means that if Camila is still living at home, her household income cannot exceed 50% of Georgia’s median household income. This poses a problem as someone would have to quit their job if the household makes above that, which can be detrimental if every job is needed. If Camila lives by herself or with her boyfriend, she would be eligible for this program, but she would not be able to find a well-paying job, as she would lose the ability to pay for childcare. If she cannot pay for childcare, she cannot go to work or even school, essentially causing her to choose low-paying jobs to pay for childcare. Medicaid also does not pay for the items you may need for your child after they are born. Medicaid does not normally provide diapers, clothing, or food for babies. It will only provide diapers for a baby if the baby has the medical condition of incontinence past the age of three years old (Rubio, 2025).

Resources Section

Sexual Counseling Resources

The Banyan Tree Center

The first sexual counseling resource available is The Banyan Tree Center. The Banyan Tree Center, located in Athens, Georgia, is an integrative counseling and wellness facility staffed with highly skilled therapists who are committed to a holistic approach to health and well-being. At this center, their mission is to provide professional, integrative, and comprehensive services through like-minded therapists who address the individual needs of each person and family they serve (Why Choose the Banyan Tree Center?, 2025). Their services include a wide range of counseling options, from individual counseling to child and teen counseling, as well as psychotherapy. They also provide online counseling, making it easier for people to access

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support from home. Although they do not provide transportation services, their flexible online counseling option helps ensure accessibility for people who may not be able to attend in person. Additionally, they offer complementary services such as neurodiversity coaching and body-positive parenting, which are just a few examples. Camila can access this center by scheduling an appointment through their website. Furthermore, the facility is primarily private pay. Their methods of payment include cash, checks, and major credit cards, including medical flex cards. However, they are also willing to negotiate their fees when necessary and appropriate. This organization is relevant to Camila because the Banyan Tree Center offers teen counseling and flexible online services, which are essential for a 16-year-old facing an unplanned pregnancy. Camila needs support, guidance, and a safe environment to explore her options. The Center's holistic and individualized approach will allow her to accomplish this, making it a good fit for what Camila needs. Since it is located in Athens and offers online counseling, she can easily access support even if attending in person is challenging during her pregnancy. Furthermore, their flexibility in negotiating fees and the availability of online services make it more accessible for Camila and her family.

Oasis Counseling Center

Another sexual counseling resource is the Oasis Counseling Center. The Oasis Counseling Center is located in Athens, Georgia, and they strive to be an oasis for people in the difficult moments they are facing. They are not there to preach to you or tell you what to think or feel, but to work with you as you seek out personal answers, increase your coping skills, and make choices that are healthy for you. They provide an empathetic and non-judgmental environment and offer practical feedback, tools, and resources to help you make positive changes in yourself and your life (Athens, 2025). Their services include parenting support, stress management,

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therapy for depression and anxiety, family counseling, and many more. They also host a variety of specific workshops to further help individuals. However, they do not provide transportation services. Since Camila resides in Athens, she can access this center by filling out an appointment request form on their website. Furthermore, Oasis offers a variety of counseling session options at different rates. A one-hour individual counseling session is priced at \$100, while a one-hour family or couples counseling session costs \$120. For those seeking group support, a 1.5-hour group session is available for \$20. These rates are based on 53- to 60-minute sessions. Oasis also accepts a wide range of insurance plans, including Cigna, Blue Cross Blue Shield, Ambetter, Tricare, Alliant Health Plans, Aetna, Humana, Multiplan, United Healthcare, as well as Medicaid and Medicare plans. Their services and fees are billed within one to two business days following each counseling appointment, and Oasis is also open to working with individuals on a payment plan if needed. This organization is relevant to Camila because their services, such as parenting support and family counseling, directly align with what Camila may need during this time. The center is also located in Athens, where Camila lives, and offers accessible appointment scheduling. Additionally, Oasis makes their services more accessible by accepting a wide variety of insurance plans, including Medicare and Medicaid. This can make it easier for Camila and her family to afford the care she needs without financial stress.

Sexual Education Resources

Northeast Health District

The Northeast Health District is under the Georgia Department of public health serving 10 counties with 18 clinics. The goal of Northeast is to offer free or low-income services to people within the area, allowing for the promotion of healthy lifestyles among the community. In

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the case of Camila, two clinics are located within the Athens area. These are the Clarke county and Oconee county locations.

In Clarke county, the main health department is located at 345 North Harris Street. They are open Monday through Friday at 8am every day, however, evening hours range from closing between 5-7pm Monday through Thursday and closing at 2pm on Friday. Oconee county's Health Department is located on 1060 Experiment Station Road. They share the same hours as the Clarke county location. For planning visits, some services are available via walk-ins, however, the clinics do recommend scheduling appointments for certain days and hours suitable for you.

In terms of payment options, Clarke county clinics accept cash, credit/debit, and business checks. Oconee county accepts all the same, however, it also accepts personal checks. Neither county clinic locations accept money orders or Apple/Google Pay. Additionally, a variety of insurance types are accepted. Private commercial insurance plans: Aetna, Alliant, Ambetter, Anthem, CareSource, CHAMPVA, Cigna, Humana, and UnitedHealthcare are accepted. Medicaid, including CMOs Georgia Medicaid, Amerigroup, CareSource, and Peach State Health. Lastly, Medicare, Railroad Medicare, and some Medicare Advantage plans.

For transportation, Athens-Clarke county has the Athens Transit system. This bus system will allow for Camila, if she does not have access to a mode of transportation and/or walking is intangible, to still have access to the clinics provided by Northeast.

Birth Control and Family Planning

Northeast provides confidential, low-to-no-cost birth control services regardless of age and income. These services are available at both the health departments and teen clinics and are notably free of charge to those ages 11-19. Available services include choosing a birth control

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method, HPV immunizations, STI testing and treatment, and health education/counseling on topics including abstinence, consent, safe sex, disease prevention, and more. Birth control options include 3- yr nexplanon implant, 3- yr Skyla IUD, 5- yr Kyleena IUD, 8- yr Mirena IUD, 8- Liletta IUD, 10- yr hormone-free Paragard IUD, Twirla patch, Depo-Provera shot, Caya diaphragm, the Pill and the Vaginal Ring. In addition to these methods, the clinics also provide free condoms.

Teen Matters

Teen Matters is a confidential service for those aged 11 to 19. These services are fostered in a teen-friendly environment, and all services are available at the Cedar and Central locations. Services offered include birth control, condoms, advice about dating/relationships and risks, pregnancy testing, testing and treatment for STIs, abstinence education, decision-making skills, HIV/AIDS testing, Immunizations, and lastly nutrition and exercise advice. Northeast promotes confidentiality in their Teen Matters program, and anyone seeking services or simply advice should continue to advocate for their health.

Pregnancy & Maternity Care Resources

Athens Pregnancy Center:

Athens Pregnancy Center offers various services, including pregnancy testing, counseling, and information on different pregnancy options. Athens Pregnancy Center does not provide medical services (ultrasound or prenatal care), but they collaborate with other local facilities, such as Compass Women's Clinic and Piedmont Athens Regional Hospital, that offer more comprehensive maternity care. Athens Pregnancy Center provides social support, including case management, care planning, psychosocial support, adoption and parenting resources, and community referrals. They also offer support groups, including those specifically for

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post-abortion care. For someone like Camila, who is experiencing an unplanned pregnancy at a young age, Athens Pregnancy Center could be a helpful resource. They can guide her through different pregnancy options, connect her with support groups, and provide assistance throughout her journey. However, it is important to note that Athens Pregnancy Center does not offer extended OB/GYN or prenatal care, birth control prescriptions or devices, fertility testing, abortion services, or referrals for abortion care.

Women's Healthcare Associate

Women's Healthcare Associate offers different types of services related to pregnancy, such as obstetric services, deliveries, ultrasounds, and midwives. For the obstetric services, it offers transvaginal, standard, 3-D, and 4-D ultrasounds. They offer two types of labor and delivery: vaginal and c-sections. They also offer prenatal classes to learn more about the delivery process. The class offers phases of labor, breathing techniques, delivery, postpartum care, and breastfeeding. If Camila decides to keep the baby, Camila can go to the Prenatal care class at Women's Healthcare Associates to learn more about the labor process to be prepared whenever it's time for her to be in labor. The clinic provides midwife services where midwives provide comprehensive prenatal care, monitor for complications, and use medical interventions only when necessary. They offer skilled support during labor to ensure the health of both mother and baby while collaborating with physicians when needed to provide complete maternity care. On the website, the organization provided a section on "guidelines for a healthy pregnancy." Camila can check out the website to see which guidelines she should follow to help keep her and the baby healthy. Women Healthcare Associate offers payment with Visa, MasterCard, American Express, and Discover Credit cards. Other financial options are through the office or their CareCredit. The office will explain treatment plans and the breakdown of the plan before starting

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the procedure. Women's Healthcare Associates accepts different types of Insurance, such as Aetna, Blue Cross Blue Shield, Cigna, Humana, UnitedHealthcare, and more. Depending on what Camila's insurances are under the office can help contact Camila 's insurances to see what her insurances can cover, but this case may not have health insurance due to her parents being immigrants who are unable to provide them and Camila's insurances. But if Camila is under Medicaid, the office does not accept any type of Medicare or Medicaid plans. If Camila's insurance doesn't cover the service, the office also offers different types of payment, like Visa, MasterCard, American Express, and Discover Credit cards. Other financial options are through the office or CareCredit. The office will explain treatment plans and the breakdown of the plan before starting the procedure.

By Your Leave

By Your Leave is a family resource center in Athens that provides a welcoming space for new families to learn about pregnancy and motherhood. They offer a wide range of services, including lactation consultations, childbirth workshops, breastfeeding classes, family education, hypnobirthing, doula services, Lamaze classes, and support groups. The Childbirth Workshop covers essential topics such as birth plans, stages of labor, labor interventions and options, comfort measures, relaxation techniques, the role of a birth partner, communication with healthcare providers, breastfeeding, and postpartum life and each session costs \$100. Hypnobirthing classes guide and prepare women for a calm and positive birthing experience. This educational process includes special breathing techniques, relaxation, visualization, meditation, nutrition awareness, and positive body toning. A five-session hypnobirthing course costs \$350. The breastfeeding class helps new mothers learn essential nursing techniques and best practices - each session costs \$50. Lastly, Lamaze classes focus on childbirth education,

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preparing expectant mothers for labor and delivery through breathing techniques, relaxation strategies, and an understanding of the birthing process. The goal of Lamaze is to promote a natural and confident approach to childbirth by reducing fear and increasing self-awareness. If Camila ever wants to attend an event hosted by the organization, she can take advantage of their free childcare and play area while receiving services or participating in a support group. Camila and her boyfriend can join a support group to connect with other parents, share their experiences, and if she is suffering from postpartum depression, she can ask questions, and her support group can give her valuable advice. This could be especially helpful for Camila, as navigating pregnancy at a young age can be challenging. Seeking guidance from other parents may help ease her anxiety and provide her with the support she needs throughout her pregnancy journey.

Athens Regional Piedmont Hospital

The maternity centers offer maternity care tours, classes for childbirth preparation, birth basis, breastfeeding, baby care, and baby and child CPR. BED/Triage (24/7) with OB Hospitalists or private doctors. The classes and resources offered for pregnancy are maternity classes, maternity tours, infant loss resources, OB care consultation, and the Perinatal Palliative Care program. Piedmont provides different methods to pay your bills such as Piedmont Healthcare has partnered with Patientco to offer clearer billing statements and improved online payment options. Through Patientco's PatientWallet, patients can easily track, manage, and pay healthcare expenses, including access to low monthly payment plans. Another payment is Curae, which provides flexible payment plans, allowing flexible options to pay. If Camila does come to Piedmont Hospital for labor or any pre/postnatal care, Piedmont offers a different type of payment plan that she can use, since medical expenses can get expensive.

St. Mary's Hospital

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St. Mary's Health Care System in Athens, Georgia, offers comprehensive maternity care, providing mothers and newborns with a supportive birthing experience. The Family Birth Center features private rooms for labor, delivery, and postpartum recovery, encouraging early bonding. For babies needing extra care, the hospital has a Level II NICU staffed by neonatologists. Recognizing the importance of breastfeeding, St. Mary's provides lactation support, with certified consultants available during the hospital stay and for free follow-ups. The hospital also promotes "The Sacred Hour," allowing uninterrupted skin-to-skin bonding immediately after birth to aid in breastfeeding and newborn health. Beyond maternity care, St. Mary's Women's Imaging Center offers 3D mammography, MRI-guided biopsies, ultrasounds, and bone density assessments, supported by a breast health nurse. Additionally, the hospital provides classes and events to educate and support new parents. With a commitment to compassionate care, St. Mary's ensures a seamless transition from pregnancy to postpartum recovery.

Mental Health Resources

Teen Matters

Although previously stated within the sexual education resources, Teen Matters also provides advice and decision-making skills for adolescent parents who need guidance. Teen Matters has several locations, the closest one to Athens being Clarke County. By also providing nutrition and exercise advice, which can have a huge impact on mental health, this is a great resource that covers all bases.

Families First's Teenage Pregnant and Parenting Program (TAPP)

This resource offers comprehensive support to pregnant teenagers through various services such as Case Management and Counseling. TAPP provides personalized case management and counseling services through home and school visits, assisting young mothers in

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navigating pregnancy and early parenthood. Parenting Education: The program offers parenting education until the child's first year, equipping teen mothers with essential skills and knowledge for effective parenting. Events and Workshops: TAPP organizes events, workshops, and outings throughout the year for young mothers and their children, fostering community and shared learning experiences. Families First's Safe Haven Program provides emergency housing and wrap-around navigator services to runaway and/or homeless pregnant and/or parenting teens and young adults aged 16 to 22 who are not in the custody of the Department of Family and Children Services.

Brightpaths

Brightpaths is a non-profit organization dedicated to preventing child abuse and neglect by building safe and stable families through education, connection, and support, which is where the relevance to our case applies. Serving Clarke, Barrow, Jackson, Madison, Oconee, Oglethorpe, and Walton counties, Brightpaths offers several programs, including: The First Steps program provides new parents with support, parenting information, coping strategies, and referrals to community resources, aiming to ease the transition into parenthood. Their Healthy Families program offers prenatal visits to expectant parents and in-home visits to parents of newborns, focusing on fostering healthy parent-child relationships and promoting child development. Additionally, Brightpaths provides Parenting Support, offering learning opportunities about child development, family communication, and positive discipline to equip parents with effective parenting strategies. The organization also engages in Community Education, delivering presentations to community, education, and faith groups on child abuse prevention and how to recognize and report abuse. Engaging with Brightpaths can provide the

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teenager with essential resources, education, and a supportive community, aiding her in navigating the challenges of pregnancy and early motherhood (Brightpaths, 2024).

Financial Resources

Medicaid

The first financial resource available is Medicaid. Although Medicaid has many stipulations and requires certain requirements to be met to be considered eligible, it is still an invaluable resource to have for a household with low income. In Georgia, you may be eligible to apply if you have low income *and* if you are pregnant, under 18, 65 and older, blind, have a disability, or require nursing home care (Georgia Medicaid, n.d.-b). Once you determine whether or not you are eligible, you will then need to gather the following items: A copy of your birth certificate or other proof of identity and citizenship or immigration status, photo ID cards issued by federal, state, or local government agencies, social Security number for each person applying, paycheck stubs, payroll records, or recent W-2 forms covering at least the past four weeks, letters or forms that show income from Social Security, Veterans Administration, retirement, pensions, unemployment insurance, worker's compensation, or any other sources of income, current health insurance policies, health insurance cards, or other health insurance information, life insurance policies, recent bank statements or bank books, most recent tax return, and any information about assets owned (Georgia Medicaid, n.d.-b). After acquiring these documents, one can then create then apply online, by phone, in person, or by mail (Georgia Medicaid, n.d.-b). Lastly, you can check the status of the application online (www.gateway.ga.gov) or by phone (877-423-4746).

Women, Infants, and Children

Under the Georgia Department of Public Health, the Georgia Women, Infants, and Children (WIC) program improves the health of families by providing food benefits,

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breastfeeding support, health education and counseling, and referrals (Georgia DPH, n.d.). To see if one is eligible for this program, they must take the WIC PreScreening Tool provided by the United States Department of Agriculture. Once eligibility has been determined, the next step is to find a local WIC agency so they may contact you about your eligibility. Some documents must be brought to the agency. These documents include: proof of income, proof of current benefit enrollment, proof of identification (Woman), proof of identification (Child/Infant), proof of residency, proof of pregnancy, and the WIC PreScreening Tool.

Teen Matters

Beyond the resources listed above, Teen Matters can also help financially. This organization is a confidential health clinic exclusively for young people – a place where anyone aged 11 through 19 can get free help with medical issues that matter to them (Teen Matters, n.d.). Some services that are offered are teen friendly health education, birth control options (implant, IUDs, Depo, pill, to name a few) and Plan B emergency contraception, pregnancy testing, 1-minute HIV testing and STI (sexually transmitted infection) testing and treatment, and immunizations (including the HPV vaccine for girls and boys) (Teen Matters, n.d.).

Athens Diaper Bank

Another resource that would decrease the financial burden of having a child would be the Athens Diaper Bank. On average, buying diapers for a single baby can cost \$70 a month, or \$840 a year (Kesherim, 2025). This is the average number, meaning it can vary in an upward or downward direction. To decrease any stress that may come from trying to find the resources to buy diapers every month, the Athens Diaper Bank offers free diapers and other resources through partner agencies. Each partner has their own set of stipulations for eligibility, but they are walk-in partner agencies. For example, the Athens Area Emergency Food Bank is open from

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9am to 1pm, Monday through Friday, and their only eligibility requirement is that you must be a resident in any county of the Athens Area Diaper Bank (AADB) service area (AADB, n.d.).

These areas include Athens-Clarke, Barrow, Jackson, Madison, Oconee, and Oglethorpe counties (AADB, n.d.).

The aforementioned financial resources listed are very beneficial to help Camila, but they are not sustainable options. She may be able to utilize the resources, but because these resources are usually non-profit, there is the possibility that these resources may become unavailable to her in the future, due to foreclosures or a lack of supplies. If these places are no longer available, Camila is unlikely to be able to continue caring for herself or her baby at the same caliber at which she used to.

Expanding Insurance

One of the sustainable ways to ensure Camila will be able to continue to utilize services regardless of how much she earns would be the expansion of insurance. One insurance policy that could be expanded is Medicaid. Many women have limited access to care that can identify, manage, and treat risk factors that originate before pregnancy, that can affect fetal development and the mother's health (Margerison et al., 2020). This limited access to care is derived from the lack of health insurance within the United States (Margerison et al., 2020). The expansion of Medicaid amongst low-income women of reproductive age has been found to show benefits (Margerison et al., 2020). The increased healthcare coverage leads to an increase in self-rated health, decreased avoidance of care because of cost, and a decrease in heavy and binge drinking (Margerison et al., 2020). These are all factors that contribute to a woman's health during her pregnancy. Married women were found to have greater gains with health insurance, utilization, and health compared to unmarried women (Margerison et al., 2020). Women with dependent

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children also experienced smaller gains in insurance, but overall had a larger behavioral response to gaining the insurance (Margerison et al., 2020). This means mothers who have kids did not get as much insurance coverage, but when they did receive it, they were more likely to change their behavior, for example, taking better care of their health.

Universal Healthcare

Another option that would decrease the stress Camila would experience if she were to lose her resources would be universal healthcare. Universal healthcare coverage (UHC) means that everyone, regardless of location, status, race, etc., can have access to the full range of quality health services that they may require, when they require it, without financial hardship (WHO., n.d.). For this to occur, countries need to have established strong medical systems within the communities they serve that are efficient and equitable (WHO., n.d.). The United States of America is the only wealthy industrialized country in the world that has not yet achieved universal healthcare coverage, as the system is inefficient, unaffordable, and inaccessible to many (Crowley et al., 2020).

Some models could be used to integrate the US into having universal healthcare coverage. For one, the US could start by imitating models implemented by other countries. Within Denmark, the country uses the Beveridge system (National Health Model) (Crowley et al., 2020). This model provides universal health care to all citizens because it is paid for by the government and is financed by taxes (Crowley et al., 2020). The US already implements something similar to this model, but only for the U.S. Veterans Health Administration (Crowley et al., 2020). With universal healthcare, women could access the full range of medical services they require without the stress of financial barriers.

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Sustainable Solutions

Educational Solutions

Teen pregnancy is an issue that not only impacts the individual pregnant and significant others but also the lives of their families. This paper has focused on resources and/or what to do when one becomes pregnant as a teenager. However, addressing prevention before the incidence of teen pregnancy plays a significant role. An effective strategy for this is evidence-based sexual education programs. These programs offer sustainable solutions by providing teens with relevant information on sexual health, relationships, contraception, and family planning. These interventions are providing information across different age groups, demographics, cultures, etc., to adapt to the needs of different communities.

In the United States, the Teen Pregnancy Prevention (TPP) program run by the Office of Population Affairs is an evidence-based program that aids in funding organizations that give adolescents and the adults supporting them the tools needed to improve sexual and reproductive health outcomes (HHS.gov, n.d.). The annual budget for OPA is approximately \$101 million. This allows for the replication, implementation, and evaluation of new and existing evidence-based TPP programs (HHS.gov, n.d.). Currently, 73 organizations are receiving funding through the TPP program (HHS.gov, n.d.).

In the 2023-2024 year, 28 evidence-based, tier 1 grantee programs were in effect. While there were four most common, two specifically pertained to sexual health education programs, which were Positive Prevention PLUS (10,147 participants reached) and Making Proud Choices! (6700 participants).

Making Proud Choices! began in 2017 by Mathematica and was ongoing for 3 years. It assessed the impact of the program on risk and protective factors that can lead to changes in

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long-term sexual behavior. The evaluation used randomized controlled trials across randomly assigned high schools. The evaluation was based on the MPC intervention and then a business-as-usual program. Evaluation showed that MPC has statistically significant impacts on 9/10 risk and protective factors, including improving knowledge on HIV/STIs, pregnancy, and condoms. After the program ended, the MPC program reported fewer episodes of sex compared to the business-as-usual group (0.674:1 ratio) (OASH, 2022).

Positive Prevention PLUS is an HIV/STD and teen pregnancy prevention program developed by two health educators in California. After receiving a grant through TPP in 2010, they were able to implement and evaluate the intervention. The program was tested using a randomized control group of 3000 students from 21 high schools. The evaluation found that two key factors were affected: delaying sexual initiation and increasing use of birth control. In 2017, schools across the US began implementing the same program in Oklahoma, Washington, Hawaii, Colorado, Florida, Illinois, and Michigan. The curriculum has been updated to include animation and other visuals for schools and is typically promoted through local education systems and superintendent meetings (Asheer, et.al. 2018).

Another important component of sustainability in addressing teen pregnancy is making sure young mothers have access to educational opportunities that enable them to complete high school and pursue higher education or vocational training. Without the right support, many teen mothers are at risk of dropping out of school, which can increase their chances of remaining in poverty. Programs that prioritize continued education for teen moms not only benefit the mother but also greatly improve long-term outcomes for their children. By investing in education-based support services, communities can help break the cycle of poverty and promote healthier, more stable futures for both mother and child.

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The "Mommy and Me" program offered through Youth For Tomorrow serves as a strong example of a sustainable, education-focused intervention. This residential program provides a safe, nurturing environment where pregnant teens and young mothers can live while receiving counseling, life skills training, parenting education, as well as academic instruction. The program makes sure that young mothers stay enrolled in school and have the resources and emotional support needed to succeed. This approach highlights the importance of integrating educational advancement into teen pregnancy support initiatives. Sustainable programs like "Mommy and Me" not only stabilize the lives of young mothers during a vulnerable time but also empower them with the tools necessary to become self-sufficient, contributing members of society.

Health Solutions

Adolescent mothers, like Camila, are more likely to experience negative health outcomes, including higher risks of eclampsia, puerperal endometritis, systemic infections, low birthweight, preterm delivery, and severe neonatal conditions (Ganchimeg et al., 2014). Many of the risks associated with teenage childbearing likely stem more from poor utilization of prenatal care than from young maternal age itself (Birthweight et al., 1985). Early and regular prenatal care is critical for detecting and managing health complications for both the mother and child during pregnancy. Studies found that the risk is significantly reduced when mothers begin receiving prenatal care within the first three months of pregnancy (Birthweight et al., 1985). However, it is estimated that over one-half of all adolescent mothers receive inadequate prenatal care (Kinsman & Slap, 1992). Structural barriers to access, such as financial constraints and lack of information, as well as sociocultural barriers, such as perceived stigma associated with adolescent pregnancy, negatively impact uptake of maternal health services, including postnatal care (PNC), which is in turn associated with poor maternal and neonatal health outcomes (Javadi et al., 2023). Strategies

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to improve access to prenatal and postnatal care should focus on overcoming these barriers. A strategy to lower the barrier of financial access to prenatal care includes expanding Medicaid. One study reported that many of them stress a decrease in Medicaid eligibility. This means that adolescent mothers receive the support they need for better health outcomes for both themselves and their babies (Committee to Study the Prevention of Low Birthweight, Division of Health Promotion and Disease Prevention, & Institute of Medicine, 1985). Fewer pregnant women, like Camila, are qualifying for Medicaid. Medicaid increases participation in prenatal care by lowering financial barriers to such services (Committee to Study the Prevention of Low Birthweight et al., 1985). Decreasing the participation of pregnant women in the Medicaid program by such means as changing welfare or Medicaid eligibility criteria serves only to undermine the purpose of the program and, among other things, threatens appropriate use of prenatal care and increases costs for low birthweight infant care (Committee to Study the Prevention of Low Birthweight et al., 1985). Additionally, strategies to address the lack of knowledge and information on prenatal and postnatal care include awareness promotion about prenatal care. A study found that low-level access may be due to a lack of awareness, information, resources, facilities, health care providers, and the cost of services (Roozbeh et al., 2016). By focusing on raising awareness through community programs and education, more mothers can learn about the importance of prenatal and postnatal care. Lastly, to enhance adolescents' uptake of postnatal care (PNC), services should be tailored to respond to adolescents' and young people's needs in a judgment-free and stigma-free environment (Javadi et al., 2023). To reduce stigma, programs should be created for healthcare providers consisting of enhanced training and ongoing support in responding to the specific needs and preferences of adolescents during the postnatal period (Javadi et al., 2023).

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Immigration Solutions

In Camila's case, she is a 16-year-old pregnant woman and can find herself in a difficult situation under this policy change. Since her parents, who immigrated from Mexico shortly before her birth, and her boyfriend, who was also brought to the U.S. as a child, can face high risks of deportation. If they are removed, Camila could lose her support system while navigating teen pregnancy, which may result in her entering the foster care system or getting a job to support her baby if she keeps it. This paragraph will explore immigration policies and how they intersect with labor protection, deportation, and work permit policies, highlighting how these systems influence the rights, job security, and legal status of immigrant workers. It will examine how restrictive or supportive policies can affect immigrants' access to fair wages, safe working conditions, and the ability to remain in the country. Currently, there are no sustainable solutions in place to improve deportation and labor protection policies for immigrants, but there are programs that aim to address these issues.

Over the past nine years, U.S. immigration and deportation policies have shifted significantly depending on the administration. Under President Trump (2017–2021), policies expanded expedited deportations, often without judicial review, leading to increased racial profiling and fear among Latinx communities (Rabin et al., 2022). These policies contributed to emotional distress and reduced access to healthcare for undocumented immigrants. In contrast, President Biden (2021–2025) adopted more protective measures, including policies to shield undocumented spouses of U.S. citizens from deportation and allow them to apply for work permits through the "parole in place" program (Gale OneFile News, 2024). However, with Trump's re-election in 2025, a new executive order has reinstated stricter mass deportation

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efforts, aiming to remove up to 13 million undocumented individuals, with increased ICE cooperation and expanded detention centers (WOLA, 2025).

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If her parents or boyfriend are eligible, they could apply for a green card through family-based sponsorship, employment, or refugee/asylee status. After five years as lawful permanent residents and meeting requirements such as continuous residence and good moral character, they could pursue citizenship by submitting Form N-400 and passing the naturalization test (USCIS, 2020). Gaining legal status would reduce the risk of deportation.

In Camila's case, her boyfriend may struggle to find a job because he's an immigrant, which can make it difficult to obtain a work permit. If he cannot work and chooses to care for the baby, it could lead to financial stress. Typically, undocumented immigrants need a work permit before being hired in the U.S. A valid work permit (Form I-765) allows individuals to work for most employers. However, eligibility depends on immigration status, such as being a nonimmigrant authorized to work for a specific employer, or a lawful or conditional permanent resident. More information is available at (*Work in the U.S. With a Work Permit (EAD)* | *USA Gov*, n.d.). Work permits generally last 1–2 years, and the policy was most recently updated on November 7, 2024. For Camila's Boyfriend, he might need to find a way to get a work permit or find a job that doesn't require a work permit.

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When talking about immigration and eligibility for a working permit, these ties to undocumented immigrants usually get exploited because they tend to be vulnerable and a language barrier can make it hard for the individual to understand their working rights and protection on their working condition (*The U.S. Benefits from Immigration but Policy Reforms Needed to Maximize Gains: Recommendations and a Review of Key Issues to Ensure Fair Wages and Labor Standards for All Workers*, 2024). Their limited access to public benefits and fear of deportation make them especially vulnerable to exploitation, including wage theft, unsafe working conditions, and employer retaliation. Studies show that unauthorized immigrants are more than twice as likely as U.S.-born citizens to experience minimum wage violations. Nearly undocumented immigrants usually get exploited because they tend to be vulnerable and a language barrier can make it hard for the individual to understand their working rights and protection on their working condition (*The U.S. Benefits from Immigration but Policy Reforms Needed to Maximize Gains: Recommendations and a Review of Key Issues to Ensure Fair Wages and Labor Standards for All Workers*, 2024). Their limited access to public benefits and fear of deportation make them especially vulnerable to exploitation, including wage theft, unsafe working conditions, and employer retaliation. Studies show that unauthorized immigrants are more than twice as likely as U.S.-born citizens to experience minimum wage violations. Nearly 85% of those studied were not paid for overtime, highlighting a widespread disregard for wage laws (*The U.S. Benefits from Immigration but Policy Reforms Needed to Maximize Gains: Recommendations and a Review of Key Issues to Ensure Fair Wages and Labor Standards for All Workers*, 2024).

Currently, the main policies offering any protection are Temporary Protected Status (TPS), Deferred Action for Childhood Arrivals (DACA), and asylum programs, which can grant

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temporary work permits (EADs) (*The U.S. Benefits from Immigration but Policy Reforms Needed to Maximize Gains: Recommendations and a Review of Key Issues to Ensure Fair Wages and Labor Standards for All Workers*, 2024). However, these provide only limited and temporary protection. Since labor exploitation of immigrants remains a serious issue, more policies should be enforced to improve working conditions. For example, community outreach programs at churches or local service centers could help inform immigrants about their labor rights. Still, protesting or speaking out about poor working conditions can be extremely difficult for undocumented immigrants, as they often fear deportation or legal trouble with the police. To improve working conditions for immigrants, it's important to advocate for higher wages and set limits on the number of hours they can be required to work. Educating employers and government officials about these issues can help influence policy changes and promote fairer labor practices. There are no current policies that enforce better working conditions for immigrants, but there are programs like "Workers Justice Project" to empower workers and improve their working conditions and have access to justice (Workers' Justice Project, 2024).

Financial Solutions

The aforementioned financial resources listed are very beneficial to help Camila, but they are not sustainable options. She may be able to utilize the resources, but because these resources are usually non-profit, there is the possibility that these resources may become unavailable to her in the future, due to foreclosures or a lack of supplies. If these places are no longer available, Camila is unlikely to be able to continue caring for herself or her baby at the same caliber at which she used to. The two sustainable solutions when it comes to finances are expanding Medicaid and progressing into a nation that offers universal healthcare.

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Expanding Insurance

One of the sustainable ways to ensure Camila will be able to continue to utilize services regardless of how much she earns would be the expansion of insurance. One insurance policy that could be expanded is Medicaid. Many women have limited access to care that can identify, manage, and treat risk factors that originate before pregnancy, which can affect fetal development and the mother's health (Margerison et al., 2020). This limited access to care is derived from the lack of health insurance within the United States (Margerison et al., 2020). The expansion of Medicaid amongst low-income women of reproductive age has been found to show benefits (Margerison et al., 2020). The increased healthcare coverage leads to an increase in self-rated health, decreased avoidance of care because of cost, and a decrease in heavy and binge drinking (Margerison et al., 2020). These are all factors that contribute to a woman's health during her pregnancy. Married women were found to have greater gains with health insurance, utilization, and health compared to unmarried women (Margerison et al., 2020). Women with dependent children also experienced smaller gains in insurance, but overall had a larger behavioral response to gaining the insurance (Margerison et al., 2020). This means mothers who have kids did not get as much insurance coverage, but when they did receive it, they were more likely to change their behavior, for example, taking better care of their health.

Universal Healthcare

Another option that would decrease the stress Camila would experience if she were to lose her resources would be universal healthcare. Universal healthcare coverage (UHC) means that everyone, regardless of location, status, race, etc., can have access to the full range of quality health services that they may require, when they require it, without financial hardship (WHO., n.d.). For this to occur, countries need to have established strong medical systems within the

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communities they serve that are efficient and equitable (WHO., n.d.). The United States of America is the only wealthy industrialized country in the world that has not yet achieved universal healthcare coverage, as the system is inefficient, unaffordable, and inaccessible to many (Crowley et al., 2020).

Some models could be used to integrate the US into having universal healthcare coverage. For one, the US could start by imitating models implemented by other countries. Within Denmark, the country uses the Beveridge system (National Health Model) (Crowley et al., 2020). This model provides universal health care to all citizens because it is paid for by the government and is financed by taxes (Crowley et al., 2020). The US already implements something similar to this model, but only for the U.S. Veterans Health Administration (Crowley et al., 2020). With universal healthcare, women could access the full range of medical services they require without the stress of financial barriers.

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Resource Handout

ATHEN'S DIAPER BANK

130 Conway Dr suite e, Bogart, GA 30622

(706) 621-7265, diapers@athensareadiapers.com

The Athens Diaper bank is part of the National Diaper Bank Network addressing the diaper needs of Georgia because government assistance programs like food stamps, Medicaid, and WIC do not cover these necessities. The program hosts 6 Athens area counties including Barrow, Madison, Clarke, Oconee, Jackson and Ogelthorpe. Partner agencies host diaper banks or there is the option of a \$400 diaper stipend by completing an application.

ATHENS PREGNANCY CENTER

The Charles L. Upchurch I Medical Building, 767 Oglethorpe Ave, Athens, GA 30606

(678) 753-3180, info@athenspc.org

Athens Pregnancy Center is a faith-based non-profit organization empowering women and men facing difficult pregnancy decisions in Athens. Medical and social services are provided at no cost and include

- ❖ Pregnancy Confirmation
- ❖ Ultrasound Exams
- ❖ Options Education
- ❖ Pregnancy Decision Support
- ❖ Clinical Risk Assessments and Treatment

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- ❖ STI Testing and Treatment
- ❖ Case Management
- ❖ Care Planning
- ❖ Psychosocial Support
- ❖ Adoption and Parenting Support
- ❖ Community Referrals

ATHENS REGIONAL PIEDMONT HOSPITAL

1199 Prince Ave, Athens, GA 30606

(706) 475-7000, <https://www.piedmont.org/locations/piedmont-athens/about>

Piedmont Athens Regional is a 427-bed non-profit medical center serving a 17-county service area in Athens and northeast Georgia. Online they have a list of accepted insurances, financial aid, online bill pay and price estimates. They offer 24-hour emergency care, a Level II trauma center, Level III neonatal intensive care unit, heart and vascular care, cancer treatment, breast health, home health, wound and hyperbaric therapy, pediatric care, orthopedic and rehabilitation services, neurology, women's health including midwifery, surgical specialties, diagnostic imaging, laboratory services, and an ambulatory treatment center for outpatient chemotherapy and infusion therapy. In the case of maternity services they provide

- ❖ Classes and education
- ❖ Maternity tour
- ❖ Premature baby care
- ❖ Donor milk program

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- ❖ Cord blood donations

BRIGHTPATHS

1450 S Barnett Shoals Rd, Athens, GA 30605

(706) 546-9713, info@pcaathens.org

BrightPaths is a non-profit, community based organization that aims in building safe and stable families through education, connection and support. They serve families in Clarke, Barrow, Jackson, Madison, Oconee, Oglethorpe and Walton counties free of charge. Services include parent education classes, the positive parenting program, first steps and healthy families programs.

BY YOUR LEAVE

220 N Milledge Ave, Athens, GA 30601

(706) 206-3460, <https://byyourleave.org/>

By your leave is a family resource center in Athens. They are supported by childbirth educators and breastfeeding specialists free of charge. Services include breastfeeding support, childbirth classes, and postpartum services

FAMILIES FIRST TEENAGE PREGNANT AND PARENTING PROGRAM

404-853-2800, navigator@familiesfirst.org

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This resource offers support to pregnant teenagers through various services such as Case Management and Counseling. They provide these services through home and school visits. The program offers parenting education until the child's first year, equipping teen mothers with essential skills and knowledge for effective parenting. In addition to this they organize events, workshops, and outings throughout the year for young mothers and their children, fostering community and shared learning experiences.

NORTHEAST HEALTH DISTRICT (CLARKE COUNTY LOCATION PROVIDED)

345 North Harris Street Athens, Georgia 30601

706-389-6921, district10.pio@dph.ga.gov

Northeast Health District is composed of 18 clinics within a 10-county region including Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe and Walton counties providing services at little or no fee. Services include immunizations, family planning, WIC nutrition support, HIV/STI testing and prevention, tuberculosis care, chronic disease management, environmental health inspections, and vital records processing. They also have the TEEN MATERS AND WIC programs. Teen Matters provides confidential health services for young people aged 11 to 19 in a teen-friendly environment. All services are confidential. This program essentially provides the same services as its clinic. WIC is under the Georgia Department of Public Health and the program aims to improve the health of families by providing food benefits, breastfeeding support, health education and counseling, and referrals.

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eWIC provides healthy foods such as milk, eggs, bread, cereal, juice, peanut butter, and other authorized foodstuffs from WIC-authorized merchants

OASIS COUNSELING CENTER

1720 Lexington Rd A, Athens, GA 30605

(706) 543-3522, <https://www.oasicounselingcenter.com/>

Oasis is a sexual counseling resource. Their montage strives to be an “Oasis” for people who are facing difficult times. They have self-pay rates, sliding scale fees based on different cases, take certain insurances, and provide payment plans/methods. They embrace seeking out personal answers, better coping skills, and how to make healthy choices for yourself. Services include counseling for depression, anxiety, family, marriage, and more. Features support groups are The Caregiver’s Circle and Healing Word.

ST. MARY'S HOSPITAL

1230 Baxter St, Athens, GA 30606

(706) 389-3000, <https://www.stmaryshealthcaresystem.org/>

St. Mary's Hospital is a 196-bed nonprofit hospital and member of Trinity Health. Online they have a list of accepted insurances, financial aid, online bill pay and price estimates. Services include 24-hour emergency care, inpatient and outpatient surgery, a full-service laboratory, diagnostic imaging, endoscopy, rehabilitation therapies, diabetes education, and a Women's Imaging Center; it also provides specialized care through its Home Health & Hospice services,

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which encompass skilled nursing, physical, occupational, and speech therapy, wound care, medication management, and spiritual support. Maternity services include

- ❖ A family birth center
- ❖ Classes and events
- ❖ Mother-baby units
- ❖ Imaging
- ❖ Lactation and breastfeeding support

THE BANYAN TREE CENTER

240 Old Epps Bridge Rd, Athens, GA 30606

(706) 850-7041, info@livewellAthens.com

The Banyan Tree Center is a team of therapists in Athens promoting a holistic approach to health and well-being. They do not take insurance because they are out of network providers, but they have different payment methods and fees also taking into sliding scale cases. Services help with anxiety, depression, relationship issues and stress during life transitions. Services include individual counseling, couples, families, children and teens, testing, neurodiversity, women's issues (postpartum depression), and even online counseling.

WOMEN'S HEALTHCARE ASSOCIATES

355 Hawthorne Ln, Athens, GA 30606

(706) 369-0019, wwebsite@awhg.org.

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Womens healthcare associates under the American College of Obstetricians and Gynecologists with experienced practitioners in modernized women's healthcare. They accept insurance, cash, carecredit, and financial assistance. They offer both vaginal and c-section delivery methods. The class offers phases of labor, breathing techniques, delivery, postpartum care, and breastfeeding. The clinic provides midwife services including comprehensive prenatal care, monitor for complications, and use medical interventions only when necessary

Services include:

- ❖ Obstetric
- ❖ Gynecological
- ❖ Surgical
- ❖ Deliveries
- ❖ Ultrasounds
- ❖ Treatments for menopause
- ❖ Midwifery
- ❖ NovaSure
- ❖ Bone density

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Reflections

Karel Aoussou: Within this case study, I primarily focused on analyzing the financial aspects of Camila's situation. This included researching financial resources and examining how her finances would realistically function given her circumstances. I gravitated toward this area because, in the future, I plan to become an OB-GYN. Eventually, I hope to open my own clinic, and understanding the financial infrastructure—such as insurance processes, billing systems, and access to care—is a critical part of running a sustainable and equitable practice. Whether I work in a private clinic or a hospital setting, being an OB-GYN will require more than just medical knowledge; it demands compassion and practical solutions for patients who may be uninsured or underinsured. Navigating those situations with empathy and strategy is a skill I'm committed to developing. In Camila's case, I didn't face many obstacles while identifying potential financial resources. I was able to find several programs that could assist her; however, I quickly realized that the core of the problem wasn't the lack of resources—it was the lack of long-term, systemic support. Georgia's decision not to expand Medicaid played a major role in limiting Camila's options. Without universal healthcare or more inclusive Medicaid policies, many of the resources available to her are temporary and unstable. They rely on funding from non-profits, decisions made by administrators, or grants that can disappear overnight. That kind of fragility leaves individuals like Camila vulnerable, no matter how many short-term aid programs exist. From a public health perspective—and as someone deeply invested in equity in healthcare—I believe that care should never be conditional. No one should be left without medical access due to their race, class, insurance status, or geographic location. True equity means building systems that are reliable, inclusive, and sustainable. Through this case study and by listening to my peers' presentations, I've learned that while individual programs can make a difference, long-term

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change depends on systemic reform. It underscored for me just how much work still needs to be done to ensure that healthcare access isn't a privilege but a guaranteed right. Going forward, I plan to continue advocating for sustainable solutions in healthcare—solutions that don't just fill gaps temporarily, but close them permanently.

Ashley Nguyen: While writing this paper, I learned a lot about pregnancy, including the risks of teen pregnancy, the importance of prenatal care, and the need for mental health support. I was surprised by the level of care required for a safe pregnancy and how expensive it can be, doctor visits can cost up to \$200, ultrasounds \$300, and deliveries as much as \$100,000. These high costs could discourage people from having children and deepen financial gaps in healthcare access. I had once considered having a baby in the future, but learning about these financial challenges made me reconsider the long-term responsibilities of parenthood.

I also examined immigration policies, comparing President Trump's stricter deportation measures with Biden's more selective approach. Trump's policies, including expanded expedited removals and greater involvement of local law enforcement, have created fear and instability in immigrant communities. It's hard to imagine living in constant fear of being separated from your family due to political shifts.

This connects closely to Camila's situation, pregnant at 16 and at risk of losing her support system if her parents or boyfriend are deported to Mexico. When writing about immigration policies, I find it a little challenging because learning about the new Trump deportation laws, there are a lot of policies that are adding and changing under Trump. His administration has introduced a number of changes that significantly impact immigrant communities, making it difficult to keep up with all the evolving policies. His administration has made a number of changes that have a significant impact on immigrant communities, and it's

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difficult to keep up with all the new policies shifting. These include expanding on detaining illegal immigrants more cooperation between local law enforcement and federal immigration officials like ICE. A majority of the policies seem to prioritize enforcement ahead of humanitarian considerations, and that is raising some ethical issues surrounding treatment of families that are immigrating

Due to Camila's situation if her parents or her boyfriend get deported back, Without them, she could face emotional and financial strain, especially if she chooses to keep the baby. Lacking health insurance, the cost of pregnancy care alone would be overwhelming, not to mention the stress of balancing school, work, and childcare.

In conclusion, there is an urgent need to improve both healthcare access and immigration policy. Universal healthcare, though challenging to implement, could provide essential support for individuals like Camila. While it may involve higher taxes, it would help ensure everyone has access to basic medical care. As for immigration reform, progress depends on civic engagement, advocacy, and legislative action. Lasting change will require both government responsibility and public support.

Francisca Montes: In regards to Camilas case, I was mainly involved in the mental health resources, as well as what resources are needed for Camila to make the best decision she can with what she's got. While trying to gather information for sites where she can seek mental health resources, I realized there are very few bilingual clinics that have Spanish resources not just for the patients, but her parents and a partner. When further researching Camilas mental health resources, I noticed that there were more options online than there were in person, which can be a challenge for some that want to meet local people going through the same thing.

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Camila's case really resonated with me because I also come from an immigrant household, and having to worry about your status in the country, as well as a teen pregnancy can't be an easy task. This case made me more aware of the things in play when it comes to caring for a patient. Caring for a patient, as a provider shouldn't just be looking at physical wellbeing, but realizing all of the health disparities at play in every case you come across. I learned that no matter how many resources an area has, accessibility to them is crucial in order to take advantage of them. Not everyone is in a position where they can drop everything and make time to take care of themselves, there is a lot more at play than we might think. This matters because there is a stigma of blaming some patients for not seeking help in times of need, especially when it comes to their health, but we must understand there are different factors that might be taking priority of their health to them. Going forward I think we need to be more inclusive and develop programs that help all kinds of patients, especially those with immigrants who have language barriers and need these resources. Finding ways to spread awareness about mental health also plays a huge role in the wellness of not just teen mothers but the community as a whole.

Yessica Negron: Throughout the entirety of the course, my four classmates and I have been analyzing a case study about 16-year-old Camila . Camila is a pregnant, Hispanic individual currently residing in Athens, Georgia. What gravitated me to this case was partly due to the fact that Camila and I share the same ethnic background.

The part of the paper I worked on focused on the impact of religion. I already knew that many Hispanics practice traditional Catholicism in their households, as did mine. I had preconceived ideas about the beliefs held around teen pregnancy, but I found it very interesting to be presented with the facts and literature rather than having those beliefs simply preached. As

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someone who has struggled with their faith, and knowing the ideology Catholics have about abortion, this topic felt especially relevant to me.

In addition, teen pregnancy has always been something that influences me. I think this is because my mom had all of her children—my sisters and me—when she was young, during her teenage years. Surprisingly, I do feel that we found sufficient resources in the Athens-Clarke County area, though of course, there could always be more. I feel satisfied knowing that Camila can receive the necessary care to protect her.

While ultimately the decision is hers on whether she'll keep her baby or not, with the overturn of *Roe v. Wade* and the current political state of America, it is very hard to maintain hope that women in this country will continue to have that right. Another key aspect of Camila's story is that she is the daughter of immigrant parents. Again, considering the current political climate and the unknown conditions of facilities holding deported immigrants, seeking necessary care becomes even harder and more frightening for her.

One thing emphasized throughout our review was the importance of a support system. The fear likely hanging over Camila and her family due to immigration issues can also reduce the strength of that support. My parents come from immigrant families, but they are not immigrants themselves, nor am I. However, I've always been fascinated by and taught to see myself in someone else's shoes. Examining this case and its available resources, in addition to what we've been learning in class, has helped me discover a more empathetic side of myself.

Something that specifically stood out to me was when I asked Professor Hein about our sustainability section in class, and she brought up the idea of generational wealth and teen pregnancy. There are no resources that truly support teens in continuing their education, and families like Camila's are often stuck in economic survival mode. In her case, they don't even

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have access to healthcare due to a lack of insurance and the high costs associated with having a baby.

For the future, I intend to consider culture, inaccessibility to resources, barriers, and more with deeper passion. As I continue my journey toward hopefully becoming a Physician Assistant, I want to serve the community in a way that is inclusive and not financially driven. While I feel like that should be a given, unfortunately, it often isn't. Choosing public health as my major was the smartest decision I could have made. I truly believe I've learned so much that I never would have otherwise, and I plan to apply that knowledge every day moving forward.

Jennie Huynh: Through this project I looked at a variety of factors such as the risks associated with teen pregnancy, counseling and therapy, and the impacts of cultural factors such as language barriers. When looking at the risks of teen pregnancy, I learned about serious health issues like eclampsia and endometritis. In Camilia's case, these conditions can affect both her physical and mental health, putting vulnerable populations of teen mothers like herself at higher risk.

Through my research on counseling and therapy, I learned about new resources available within the Athens community. For instance, The Banyan Tree Center and Oasis Counseling Center are both local organizations that offer mental health services and support for individuals facing mental health challenges. When gathering information on these community agencies, I didn't run into any problems. It was actually pretty easy to find resources by simply searching for counseling and therapy services in the area. While the resources themselves were easy to find, I realized that finding counselors or therapists from minority backgrounds like Camilia's was

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much more difficult. There is still a gap in representation among mental health support, which can affect how seen and understood Camilia might feel when seeking care.

Next, I looked at the effects of language barriers on access to health care. Once again, I found a similar theme. I learned that more than half of healthcare providers spoke only English, showcasing a significant lack of bilingual providers and healthcare diversity. In Camilia's case, not having access to a provider who speaks her family's native language could lead to miscommunication and a limited understanding of medical procedures. This could greatly impact her care.

Through this, I learned the importance of not only physical health but mental health as well. This can sometimes be overlooked. As someone who wants to pursue a career in medicine, I want to always prioritize both. It's important for me to make sure my patients feel heard and understood and that their decisions matter. Just as important is recognizing that there is still a lack of representation for minorities in healthcare settings (hospitals/therapy/counseling). When patients don't feel represented or understood, the quality of their care is impacted. As a minority myself, this is something I care deeply about. I want to push for more minority representation in healthcare so that every patient can feel safe, respected, and equally cared for. If patients meet providers who understand their background, they may feel more comfortable opening up and being themselves.

I know that when I was growing up and going to the doctors, most of the doctors and nurses weren't Asian. Sometimes you would see an Asian doctor, but most of the time that wasn't the case. I always wondered why it was so rare to see an Asian, Black, or Hispanic provider. That experience has always stayed with me. Now, doing this project has opened my eyes even more to the importance of patients seeing providers who look like them or understand

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their culture. Everything I've learned through this project about risk factors, barriers to accessing healthcare, and the lack of representation will stay with me. It will help me grow into a better person and a better healthcare provider in the future. I hope to be a good healthcare provider in the future. One who truly advocates for and listens to their patients. I also hope to bring more representation and understanding to this field.