

THE STATE NEWSPAPER

WHEN CHILDREN HAVE CHILDREN QUESTIONS CONFRONT PREGNANT TEENAGERS

Published on: 05/28/1990

Section: LIVING

Edition: FINAL

Page: 16A

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Memo: Second of two parts.

Illustration: Photo, bw

Caption: Dr. Judy Burgis of Richland Memorial Hospital examines Tammie Anderson, whose son Qwan lies with her. Linda Stelter / The State

Every 30 seconds, an American teenager gets pregnant, and her life becomes mind-boggling: Do I keep the baby? If I decide to keep the baby, am I supposed to go the doctor right away? How do I pay the doctor? How do I get to the doctor? Where do I get maternity clothes? Do I stay in school? Can I stay in school?

In South Carolina, a lot of those questions can be answered. Some cannot.

Prenatal care is available, free, at the health department. But transportation there usually is not. Doctors and nurses can help a poverty-stricken girl have a healthy baby. But they can't provide child care when she needs to go back to school.

Eighty percent of the girls who said they dropped out of school because they had a baby or because they got married actually dropped out because they didn't have anybody to take care of their children, said Dr. John Tudor, chief supervisor of dropout prevention and retrieval at the state Department of Education.

"Those are big problems," said Sara Balcerek, director of the division of maternal health at the state Department of Health and Environmental Control, "and ones that we're hoping that communities can help address."

Community groups, churches and governmental agencies are trying to bridge the gaps.

At least one district in the state, Richland District One, will begin this fall experimenting with day care for students. The facility, at Atlas Road Learning Center, will have 70 day-care slots for the children of Richland District One students, giving priority to students who receive Aid to Families with Dependent Children, according to the director of day-care program, Kathy Gibson. The program, funded by the state Department of Social Services, will be free to the student. Other schools around the state are looking at the possibility of starting a similar program, she said.

The S.C. chapter of the March of Dimes, which also tries to prevent *pregnancy*, has asked churches throughout the state to help transport pregnant girls and women to prenatal appointments.

The idea is for one church member to drive the girls and women in a van or other church vehicle while another member baby-sits children the girl or woman might have.

Good prenatal care, which involves regular urine tests and other lab work, weight checks and nutritional counseling, can detect problems early and is essential to having a healthy baby.

Nationally, 65 percent of the teenagers who get pregnant don't see a doctor until the last trimester, and 25 percent don't get prenatal care at all.

Ironically, teens are the ones who need prenatal care most; they are 15 times as likely to suffer from toxemia, for example, and they experience a rate of maternal death 2 1/2 times that of mothers age 20 to 24, according to Dr. Harold D. Gabel, clinical associate professor of preventive medicine and OB-GYN at the University of South Carolina, writing for "The Journal of the South Carolina Medical Association," July 1988.

But experts agree without exception that the best way to solve problems with teenage *pregnancy* is to stop teenage *pregnancy*, which occurred 13,929 times in South Carolina in 1988.

In South Carolina, a multitude of groups are working to that end: The March of Dimes offers "Parents, It's Time to Talk," a program for parents who want to know how to talk to their children about sexuality. S.C. teachers, required by 1988 law, teach reproductive and family health to middle school students and reproductive health and *pregnancy* prevention to students in grades nine through 12.

Planned Parenthood of Central South Carolina Inc. trains men and women living in government housing projects in the Columbia area to teach communication skills, sexuality, career seeking and assertiveness to teens in the projects. Planned Parenthood also provides community education programs to 5,000 people every year.

In 27 counties, DSS social workers act as "teen companions" for children, 12 to 17, of parents who get AFDC. Weekly sessions are held on various topics, including peer pressure, social pressure and sexuality, goal- setting and academic skills. DSS hopes to take the program statewide by July 1.

Members of the Columbia chapter of Alpha Phi Alpha fraternity, as part of a program within the national fraternity, talk to boys in community centers, in the projects and in boys' clubs about taking responsibility in sexuality.

A lot of organizations offer teen health fairs, education days and other kinds of community education. Many organizations have a speaker's bureau. Such organizations include Healthy Mothers, Healthy Babies, through the Clemson University Extension Service; teen *pregnancy* councils, located in almost every county in South Carolina; and the March of Dimes. Services vary from county to county. The United Way can help locate organizations in each county.

But if a teenager thinks she's pregnant, none of these services are going to work for her, for now.

For her, the first step may be to confirm *pregnancy*.

In South Carolina, *pregnancy* tests are administered free at health departments in all 46 counties and for \$4 and \$20 at Planned Parenthood in Columbia and Hilton Head. Crisis *pregnancy* centers, like Birthright in Columbia, and school nurses in some districts, also administer *pregnancy* tests.

The next step is to decide what to do with the *pregnancy*.

The girl may be lucky enough to have her own network of support, a member of the clergy or parents. She can talk to the guidance counselor at her school, the nurse in her school district or someone at the local teen *pregnancy* prevention council or *pregnancy* crisis center in her area. The nurse or counselor will keep the conversation confidential unless he or she feels it necessary to alert the girl's parent or guardian.

A pregnant girl also can talk confidentially, and free, without a parent present, to counselors at Planned Parenthood in Columbia or Hilton Head. Counselors there have been trained to provide information on all alternatives

to *pregnancy*, whether adoption, abortion or planned parenthood.

Only first-trimester *pregnancies* can be terminated in clinics or in doctor's offices in South Carolina; clinic fees range from \$215 to \$250, and a doctor performing the procedure in a private office will charge about \$450. Second-trimester abortions must be performed in a hospital. The fee is about \$1,800. On June 2, a new law takes effect, mandating that girls under 17 have parental consent or a judge's permission to get an abortion.

For information on placing a child for adoption, a pregnant girl can call DSS, which has an office in every county, or she can call DSS, tollfree, at 1-800-922-2504.

In South Carolina, it is legal to place a baby through an attorney, through a private agency or through DSS. A list of licensed adoption agencies in the state is available at DSS. Agencies sometimes pay limited living expenses through the duration of *pregnancy*. DSS has a limited amount of funds available to pay for the labor and delivery of a baby to be placed for adoption; if at any point the girl decides she doesn't want to go through with the adoption, DSS will still pay.

Should a pregnant girl decide to have the baby, she can, by law, stay in school, but she is not required to do so.

State law says, too, that a teacher must be sent to the girl's home to tutor her a minimum of five hours a week if, during *pregnancy* or after she has her baby, her doctor says she needs to stay home.

In a small percentage of the state's school districts, nurses are focusing on teen *pregnancy*, sometimes holding weekly meetings to talk to pregnant girls about problems they're having and to make sure they get to their prenatal doctor appointments.

Whether she decides to place her baby for adoption or become a parent, a most important move for a pregnant girl or woman is to get prenatal care, a part of *pregnancy* often ignored by poor women and girls who may not have a ride to appointments, who hate to wait in line or who don't understand the importance of prenatal care.

Prenatal care is available, free, at all health departments. Appointments are necessary, although sometimes the girl must wait weeks because of a backlog.

The pregnant girl will be asked to report to the health department once a month until she's eight months pregnant, then twice a week until she's nine months pregnant, then once a week until she delivers her baby. Six weeks

after the baby is born, she should go back for a checkup.

At the health department, the girl will be asked to fill out forms to determine financial status. In some counties, she can fill out the forms at the health department; in other counties she will have to go to the local DSS office.

An assessment of financial status may determine, at that first visit, that the girl qualifies for vouchers for free food.

A pregnant girl living with one other person with a household income of \$19,536 or less will qualify to receive, every month, five gallons of milk, a dozen eggs, two pounds of cheese, about three gallons of juice, an 18-ounce jar of peanut butter and up to 40 ounces of cereal.

She may be able to get the vouchers at the health department; in some counties she will have to go to DSS.

Financial forms also will be used to decide if the girl qualifies for Medicaid. Once again, a pregnant person living with one other person, with a household income of \$19,536 or less, will qualify for Medicaid.

If she qualifies for Medicaid, she can go to a private doctor for prenatal care and labor and delivery. Three-fourths of the doctors in South Carolina who provide obstetrical services will accept a pregnant girl or woman on Medicaid, according to the state Health and Human Services Finance Commission.

The health department might decide a client is a "high-risk" patient and will send her to one of 14 high-risk clinics in the state. A combination of factors determines high risk: socio-economic status, level of education, previous *pregnancies*, general health and nutritional habits.

The high-risk clinic may be located at a hospital outside the county where the girl lives and it may not be easy for her to get to it. If she qualifies to receive Medicaid, she can get a free ride to prenatal care, wherever it is. She has to call the local DSS three days before her appointment to line up a ride. Beyond that, she might call a church for help.

She could be sent to one of the few teen clinics in the state, where after-school hours and social services programs geared to the teenager are offered.

The health department may also assign the girl a "resource mother" who will go to her home periodically throughout the *pregnancy* and then after the baby is born to help her adjust to motherhood and get her back into the mainstream.

Resource mothers are available in 16 mostly rural counties to girls 18

and younger. DHEC would like to implement the program statewide but has been unable to do so because of budget constraints.

After her *pregnancy*, the girl can go back to the health department or to Planned Parenthood for birth control and family planning counseling. It is illegal for schools to distribute birth control pills.

After her *pregnancy*, the girl may also qualify for day care at some of the government projects. DSS has information on day-care provisions in each area of the state. She may qualify for AFDC.

Just like *pregnancy*, the bureaucracy can be scary and frustrating, acknowledges Lyn Phillips, who directs the newly established DHEC pregnancy hot line. The hot line can be reached from anywhere in the state by calling 1-800-868-0404. In Columbia, the number is 737-3998. Hot line operators are there to listen and will help anyone who is pregnant.

Other private and government services are available:

Anybody who is pregnant in South Carolina can receive a "Caring for Tomorrow's Children" coupon booklet good for diapers, juice, milk and personal care items. The coupon booklet encourages prenatal visits since coupons can be cashed in at grocery stores only after they are stamped. Each prenatal visit gets a stamp. To get a coupon booklet, call the pregnancy hot line.

Several crisis pregnancy centers operate throughout the state. In Columbia, Birthright of Columbia, 765-0165, 2318 Devine St. and Daybreak Crisis Prevention Center, 771-6634, 2009-B Hampton St., can provide free pregnancy testing, counseling, referrals to maternity homes, maternity clothing and baby clothing and equipment. Daybreak also tries to assign each young person a "big sister" to follow her through her pregnancy. Bethany Christian Services in Columbia, 779-0541, 1422 Washington St., provides similar services and also is a licensed adoption agency.

Unwed mother's homes include the Florence Crittendon Home in Charleston, 722-7526, Love Life Ministries in Florence, 665-8473 or 1-800-634-4890, and Shiprah Ministries in Belton, 338-4673. Services vary, but generally girls and women are provided a place to stay and high school courses during their stay. Some homes also offer a place to stay for a short period after the baby is born so that the new mother can adjust to caring for the baby. In general, clients who can afford to pay do so on a sliding scale. Love Life Ministries also operates an adoption agency.

