



the campaign to prevent unplanned pregnancy

Progress Pays Off Frequently Asked Questions

Progress Pays Off outlines the public savings that result when young people have the power to decide if, when and under what circumstances they become pregnant. More specifically, the estimates reflect the annual public savings associated with prevention of unintended pregnancy and childbearing among teens.

Why do you have two different estimates of savings?

We include estimates of the annual savings associated with the declines in teen childbearing that have already occurred, as well as the additional savings that could be accrued if there were further efforts to prevent all unplanned pregnancy and childbearing among teens.

How do you estimate each type of savings?

In each case, we begin with an estimate of the average public spending associated with medical and economic supports during pregnancy and the first year of care for teen mothers and their infants. For estimating the annual savings associated with the declines in teen childbearing that have already occurred, we multiply those average payments times the number of teen births that would have occurred had the rate of teen childbearing not fallen, and then apply an adjustment factor of approximately two thirds to account for the fact that some teen births that were averted were simply delayed and were likely associated with public spending at a later date. To estimate the additional savings that could be realized if all unplanned pregnancy and births among teens were avoided, we multiply average payments per teen birth times the current number of teen births, times the fraction of teen births that follow an unintended pregnancy (currently about 75%), times the adjustment factor mentioned above.

What types of public sector spending are included in the estimates?

The estimates of public sector spending per birth include spending associated with 1) Medicaid payments covering prenatal, labor and delivery and postpartum care for teen mothers and one year of care for their infants; 2) Temporary Assistance for Needy Families (TANF) payments associated with basic assistance for teen mothers and their infants for one year; 3) Payments through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) associated with teen mothers during pregnancy, teen mothers while breastfeeding, and infants up

to one year of age born to teen mothers; 4) Payments through the Supplemental Nutrition Assistance Program (SNAP) paid to teen mothers and their infants for one year.

Are you focusing on all teen births, or just those following unintended pregnancies?

We focus on those teen births resulting from unintended pregnancies. When estimating the current savings that accrue due to declines in teen childbearing that have already occurred, we believe it is reasonable to assume that those births that were averted would have followed unintended pregnancies. When estimating the additional savings that could accrue due to further prevention efforts, we include only teen births following unintended pregnancy in our estimates.

Do your estimates assume that all teen mothers rely on public assistance?

No. In estimating average payments per teen birth, we sum Medicaid and public assistance payments only among those teen mothers actually in receipt of those supports, and then divide this total among all teen mothers. This average therefore takes into account the fact that not all teen mothers receive medical and economic supports and is lower than average payments among those mothers who actually receive such supports.

Do these estimates reflect the total public sector savings that could result from prevention of unintended pregnancy and births among teens?

No. These estimates include only a narrow scope of the associated public sector savings—specifically those savings directly tied to benefits for mothers during pregnancy through the first year of infancy and for which reliable estimates could be constructed. Undoubtedly, estimates factoring in the longer-term economic and health impacts of unintended pregnancy and childbearing would be much higher. For these and other reasons, we consider these estimates to be conservative.

Did you estimate these savings at the state level or the national level?

We provide estimates at both the state and national levels. We began with producing estimates at the state level and then summed these to arrive at a national level estimate.

Why is there so much difference among states?

There are wide variations among states in the current number of teen births, the declines in teen childbearing over time, the rate at which teen mothers participate in various public supports, and the cost of providing those supports. This variability is all reflected in the state-specific data elements we incorporate into our estimates.

Why did you do this analysis?

We believe that all young adults should have the power to decide if, when and under what circumstances to become pregnant. There are many compelling reasons to care about teen pregnancy and childbearing that extend beyond dollars and cents. Even so, we believe these estimates help highlight that investments in contraceptive access and information is an investment that pays for itself many times over.

Are you saying that providing supports to young mothers and their children is bad?

No. Without question, we as a society must support women while they are pregnant through prenatal care, and healthy childbirth, as well as their children once they are born. But it's also essential—and more effective for women, families, and society—to provide information and contraceptive options that empower women to decide if and when to get pregnant in the first place.

Can I compare these estimates to analyses you've published in the past on the cost of teen childbearing?

No. While we have published several rounds of estimates in the past reflecting public spending on teen childbearing, those results are not comparable with our most recent analyses for several reasons. Most notably, the results we feature currently focus on public savings, not public spending. They also focus on a different time period (pregnancy through one year of infancy) and a different methodology. As such, they should not be compared to our earlier analyses to infer any changes over time.