Health Briefs

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Teenage birth rate highest in 15 years
WASHINGTON, D.C. -- Final data from the National Center for Health Statistics (NCHS) documents the sharpest rise in teenage birth rates in 15 years.

The birth rate for older teenagers increased in 1989 by 6 percent, to 56.4 births per 1,000 women aged 18 to 19 years. This rate was higher than it has been since 1974 when there were 58.7 births per 1,000 females in this age group, according to the December 1991 Monthly Vital Statistics Report.

From 1976 to 1988, the birth rate among older teenagers has been relatively stable, ranging from 78 to 82 births per 1,000, according to NCHS statistics.

The birth rate for young teenagers in 1989 was 36.5 per 1,000 adolescents 15 to 17 years -- 8 percent higher than in 1988, which had 33.8 births per 1,000, and 19 percent higher than in 1986, when there were 30.6 births per 1,000. These findings reveal that if the 989 birth rate had been 30.6 instead of its 36.5, there would have been approximately 30,000 fewer births to young adolescents in this age group.

The continued rise in higher birth rates in women younger than 20 years is associated with the rise in the proportion of teenagers, especially young teenagers, who are sexually active, the report said. The proportion of sexually active fifteen-year-old females rose from 17 percent in 1980 to 26 percent in 1988. Among females age 17, the proportion rose from 36 percent to 51 percent, according to the report.

The report also found that in 1989, only 54 percent of mothers under 20 years began prenatal care in the first trimester. Further figures found that 14 percent of mothers aged 17 and younger in 1989 continue to be at great risk of receiving late or no care.


HHS guidelines for treatment of pain
ROCKVILLE, MD -- Careful treatment of pain in infants reduces surgical stress and post-operative deaths, according to a new clinical practice guideline developed by pain-management experts.

Clinicians need to plan ahead for pain control of their patients, according to the practice guideline, from the U.S. Department of Health and Human Services (HHS). Patients undergoing surgery need additional management of pain through medication than they are receiving in their current treatment, HHS officials report.

The clinical practice guideline, "Acute Pain Management: Operative or Medical Procedures and Trauma," recommends aggressive pain management before, during and after a surgical procedure. Failure to control pain throughout surgery causes unnecessary suffering, can delay recovery and prolong hospitalization.

Experts developed the guideline in 1990 under the sponsorship of the Public Health Service’s new Agency for Health Care Policy and Research. The guideline was tested in hospitals and clinics.

According to the guideline, care for newborn infants, especially premature infants, requires special expertise. "Clearing emotions and infants experience pain and adequate analgesia is necessary for both physiologic and ethical reasons," the report reads.

Report findings revealed that approximately half of the patients treated with conventional therapy following surgery experience moderate to severe pain. Over 23 million surgeries are performed annually, the majority of which are managed with conventional pain therapy.

The clinical practice guideline is available at no cost from: AHCPR Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD, 20907; (800)358-9295.

Adolescents lack insurance
WASHINGTON, D.C. -- Close to 5 million children and adolescents, ages 10 years to 18 years, lack health insurance, according to a study released by the federal Maternal and Child Health Bureau (MCHB).

As many as one in every seven adolescents lacking health insurance is more likely to be a poor, a minority group member, have a single-parent, have uneducated parents and live in the South or West, according to findings.

A newly released fact sheet from MCHB officials shows that many parents can’t afford insurance for children older than 10 years. Older adolescents are not included in public policy expansions, MCHB participants say.

Even insured youth face access barriers because the insurance they do have does not cover needed services including: preventive care, medical management, family planning services and substance abuse treatment. Plus, prenatal and hospital care for pregnant dependents are often restricted or unavailable, MCHB officials report.

The average medical expense for an adolescent is approximately $600 a year, according to MCHB officials.

Families with private insurance pay about one-third of these costs. In contrast, uninsured families pay almost two-thirds of adolescent health care expenses, according to the study.

The study also found that 14 percent of adolescents with chronic disabilities have no insurance protection. These 270,000 individuals are at significant risk for being unable to qualify for any of the needs because of pre-existing condition exceptions and waiting conditions used by a growing number of employers.

For more information on special health insurance problems affecting adolescents, contact the study’s author: Margaret McManus, McManus Health Policy Inc., 4801 Massachusetts Avenue, NW, Suite 400, Washington, D.C., 20016, (202) 895-1380.

Practice guidelines for otitis media
ELK GROVE VILLAGE, Ill. -- The AAP's Department of Maternal, Child and Adolescent Health, Division of Quality Care is making progress in its effort to develop practice guidelines for pediatricians when treating otitis media in children.

The Agency and its contract partners from the American Academy of Family Physicians (AAFP) and the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), entered into an 18-month contract with the federal Agency for Health Care Policy and Research (AHCPR) in September.

The consortium recently appointed a 20-member multi-disciplinary panel of experts and consumers who will help develop the practice guidelines. The panel also is expected to identify health policy issues and conduct the cost analysis. Nineteen of the consortium nominations were approved.

Among the panelists, are eight Academy of Family Physicians and Academy members also are members of the AAO-HNS. Sylvan Stool, M.D., FAAP, a pediatric otolaryngologist, is the chairman of the expert panel.

Nominations for the panel were obtained through an Agency for Health Care Policy and Research notice in the Federal Register. The expert panel is researching medical literature. Each submitted article is reviewed by two panel members to check reliability for inclusion into the guideline study. After reviewers confirm reliability, the panel chairman and project methodologist review the literature for quality control. An explanation for excluded articles must be given.

All physicians are invited to attend a public forum as part of the second panel meeting in Washington, D.C., on May 18. The forum will be held at the Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, Md. For more information on the forum or progress of the guidelines, contact Carla Herreras, (800) 433-9016 ext 4317.

New treatment for chicken pox
RESEARCH TRIANGLE PARK, NC -- The U.S. Food and Drug Administration (FDA) recently approved See Briefs p. 7

Clariation

A Health Brief in the February 1992 AAP News quoted U.S. Food and Drug Administration Commissioner David Kessler, M.D., as stating that there is no preventive vaccine for chicken pox. Callers to AAP News clarified Dr. Kessler’s comments. Chicken pox vaccine is being tested on human subjects in several U.S. cities.

AAP News regrets the oversight.