



Meeting the Needs of Pregnant and Parenting Adolescents Through Home Visiting

Introduction

There were nearly 470,000 pregnant women and mothers under 21 years old in 2020 (NHVRC, 2021), despite a decades-long decrease in the U.S. birth rate for females aged 15–19 (Martin et al., 2019). Pregnant and parenting adolescents face unique challenges related to childcare, housing instability, and healthcare that can keep them from graduating from high school (Annie E. Casey Foundation, 2018). They also have a harder time finding employment and adequate wages than their peers (Diaz & Fiel, 2016; Assini-Meytin & Green, 2015). Children of adolescent parents are at higher risk for poor birth outcomes, less prepared for kindergarten, and more likely to have behavioral problems and chronic medical conditions than children of non-adolescents (Hoffman & Maynard, 2008). Still, some adolescents view parenthood as a positive change in their lives—one that increases their sense of responsibility and stability and motivates them to return to school and seek employment (Diaz & Fiel, 2016).

Home visiting can help adolescents maximize the positive impacts of parenthood and mitigate its potential challenges. The Maternal, Infant, and Early Childhood Home Visiting Program identifies pregnant women under 21 as a priority service group. The Family First Prevention Services Act also reimburses states for home visiting services provided to pregnant and parenting youth in foster care (Child and Family Research Partnership, 2021). Adolescents represent a third of the service population for Healthy Families America and Nurse-Family Partnership (NFP), the majority of Family Spirit's service population, and a tenth of the service population for Parents as Teachers (PAT; NHVRC, 2021).

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This brief highlights home visiting models, affiliates, and initiatives serving young parents' needs:

- ✔ Teen Parent Connection: A Healthy Families America Affiliate
- ✔ Family Spirit
- ✔ Nurse-Family Partnership
- ✔ Show Me Strong Families (SMSF): A Parents as Teachers Initiative

Referring to Pregnant and Parenting Adolescents

We use the terms “pregnant adolescents” and “parenting adolescents” instead of more common terms like “teen parents” or “youth parents” for two reasons. First, many of the parents served by highlighted programs may not be a teenager by definition (i.e., between the ages of 13–19). Second, while terms like “teen parents” are still regularly used by researchers and home visiting programs, they may perpetuate bias (Hans & White, 2019). By referring to “pregnant and parenting adolescents,” we hope to respect the diversity of home visiting participants while emphasizing their role as parents.

Teen Parent Connection: A Healthy Families America Affiliate

About: Teen Parent Connection is a [Healthy Families America](#) affiliate focused on pregnant and parenting adolescents in DuPage County, Illinois. Home visitors and other program staff empower participants and help build their self-esteem and self-efficacy to support young people in creating strong, nurturing relationships with their children and families. In operation since 1985, [Teen Parent Connection](#) is the only county agency providing comprehensive supports to parenting adolescents and their children (Teen Parent Connection, 2022).

Goals and Purpose: Teen Parent Connection provides parenting education, supports, and resources to improve outcomes for participants and their children (Teen Parent Connection, 2022). It connects young parents with a consistent, reliable adult who guides them and advocates on their behalf. Home visitors also model positive relationships for participants to mirror with their children.

Service Approach: Teen Parent Connection strives to maximize accessibility and relatability for young parents. Home visitors use age-appropriate language free of medical jargon; they also promote engagement and learning through social media (e.g., commenting on participants' Instagram posts, curating lists of educational TikTok videos on reproductive health). The curriculum aims to support the development of adolescent identity and related skills, including critical thinking and decision making. Other areas of focus include—

- ✔ Infant and parent mental health
- ✔ Trauma-informed care (see sidebar)
- ✔ Communication, relationship building, and coparenting
- ✔ Family systems and parenting in multigenerational households
- ✔ Pregnancy and childbirth education
- ✔ Educational and career goal development
- ✔ Navigation of school transitions

Teen Parent Connection facilitates authentic connections between parenting adolescents, home visitors, and peers so participants can feel accepted and supported by a larger community. Peer groups are available for new mothers and fathers to discuss shared experiences. Pregnant adolescents are also paired with doulas—who meet regularly with young people, their home visitors, and an infant mental health consultant—until the child is born. Teen Parent Connection even offers a pantry where parents can shop for baby and personal items.

Impact: Teen Parent Connection’s doula program empowers adolescents throughout their pregnancy and birth experiences. Doulas and home visitors affirm that participants are already the parents their child needs and validate them as experts in their own experience. Parenting adolescents learn to advocate for themselves and to ask questions in the medical setting to promote positive, safe pregnancies and birthing experiences.

For More Information: Email Heather Moyer (heatherm@teenparentconnection.org), Healthy Families America program manager; Suzanne Baber (suzanneb@teenparentconnection.org), director of program operations at Teen Parent Connection; Missy Eymann (missye@teenparentconnection.org), doula program manager at Teen Parent Connection.

Working With Adolescents in Foster Care

In 2015, Teen Parent Connection participated in a [pilot project helmed by the Illinois Department of Children and Family Services](#) to connect pregnant and parenting adolescents in foster care with home visiting services. Home visitors met with adolescents in residential facilities. They also provided information, training, and support to facility staff and other employees with a focus on preventing re-traumatization or additional harm.

“Something that we [at Teen Parent Connection] do uniquely is helping [participants] think through a little more clearly that they have power, and their decisions have an impact. They’re really willing to think deeply about that and their own upbringing, things that they really valued and want to pull into their own parenting and things that did not work well for them, and they want to do differently.”—Heather Moyer

Family Spirit

About: In 1995, Johns Hopkins Center for American Indian Health began developing the home visiting model structure and curriculum that would [become Family Spirit](#). Family Spirit was designed specifically for pregnant and parenting young people up to age 24, with services offered prenatally through the child's 3rd birthday (NHVRC, 2021).ⁱ The model is based on guidance from tribal community partners and parents who saw the long-term value in investing in parents at the beginning of their childbearing years. Curriculum updates continue based on input from model staff, faculty members, implementing agencies, and other tribal network partners.

Goals and Purpose: Family Spirit seeks to help pregnant and parenting adolescents develop knowledge and skills related to child development; caregiving; and physical, mental, and behavioral health. It also supports participants' individual development and transition to adulthood. Family Spirit aims to impact three key outcome areas (Family Spirit, 2022b):

- ✔ Parental competence
- ✔ Maternal mental, social, emotional, and behavioral health
- ✔ Children's social, emotional, and behavioral development

Service Approach: Family Spirit consists of six core modules that home visitors can tailor to participants' needs based on the family and community context (Ingalls et al., 2021). Modules balance caregiving topics (e.g., developmental cues, play as preparation for preschool) and adolescent-specific issues (e.g., substance use prevention, peer refusal skills, educational and career goal development [Family Spirit, 2022a]). To keep content accessible, the Family Spirit curriculum relies on visual representations, storytelling, and dialogue between home visitors and adolescents. These strategies align with tribal ways of life and with participants' developmental stage.

Many Family Spirit implementing agencies hire and train home visitors who are part of the community served, including those who were once young parents.ⁱⁱ Home visitors take a supportive, empowering approach to counter the judgment and stigma participants may experience in other parts of their life. Shared community context and life experiences can make it easier for participants to relate to their home visitor and build a strong relationship. Training community members in the Family Spirit curriculum also keeps knowledge within the community.

Family Spirit focuses on building concrete skills to help parenting adolescents take care of themselves and their children, from pregnancy through the early years of their child's life. Home visitors emphasize participants' strengths to help them build self-esteem and develop their own adult image (i.e., self-concept). They also highlight the resilience of tribal communities, opening the door to discussions not directly covered by the curriculum.

Impact: Family Spirit is the first and only evidence-based home visiting model designed by and for tribal communities. Model developers believe that Family Spirit's biggest accomplishment is its focus on families led by parenting adolescents; the model also honors and learns from Indigenous practices and knowledge. Family Spirit is adaptable, flexible, and human centered, qualities that help it resonate beyond tribal communities. Evaluations of Family Spirit have contributed significantly to the evidence base on the effectiveness of community-driven content and service delivery.

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"The wisdom in tribal communities 25 years ago was not to stand up a campaign to prevent teen pregnancy, but to invest in the youngest parents because they were at the beginning of their childbearing years . . . this investment would compound because these families are going to be in multiple generations and will have children, grandchildren, and great-grandchildren."—Allison Barlow

Nurse-Family Partnership

About: The [NFP home visiting model](#) partners registered nurses with first-time parents who face socioeconomic barriers to accessing resources and supports that promote positive health and wellness outcomes. Participants voluntarily enroll for nurse visits, ideally before the 16th week of pregnancy. Pregnant and parenting adolescents may enter the program through referrals from child welfare, school districts, and community organizations, or by self-referral.

Goals and Purpose: NFP has three overarching goals for participants, including pregnant and parenting adolescents and their families:

- ✔ Improve pregnancy outcomes by partnering with caregivers to engage in preventive health practices, including prenatal care
- ✔ Improve child health and development by assisting families in providing responsible and competent care
- ✔ Improve the family's economic well-being by supporting parents in developing a vision for their own future, planning additional pregnancies, continuing their education, and finding work

NFP nurses also seek to foster a more positive perception of parenting adolescents by elevating young people's strengths.

Service Approach: NFP recognizes participants as experts in their own lives, encouraging nurses to adapt visits to what caregivers are ready to address. This philosophy can resonate strongly with pregnant and parenting adolescents, who often have others (e.g., parents, foster parents, caseworkers) making decisions for them. Nurse home visitors support adolescents' health during and after pregnancy (e.g., teaching them how to monitor their own blood pressure during the COVID-19 pandemic). NFP also uses a trauma-informed lens to deliver services. Nurses receive education on how to detect mental health concerns among adolescents, such as depression.

NFP nurses also emphasize the importance of developing a plan for participants' future. Nurses discuss all phases of the life course, from childhood to adulthood, and customize information based on each person's circumstances. They use reflective listening, motivational interviewing, and a strengths-based approach to support parents in making decisions ranging from future pregnancies to their financial futures.

Impact: NFP believes that providing home visiting services to parenting adolescents has a positive return on investment as a two-generation solution to poverty. Nurses use their expertise and experience to gain participants' trust. In doing so, they can support parenting adolescents in staying in school, seeking higher education, and obtaining meaningful careers. NFP nurses also support positive pregnancy outcomes and help young parents bond with their children and gain confidence in their parenting skills.

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“Adolescents can be great parents. We shouldn't judge their capabilities by their age or their brain development. Just like any parent, they need support and somebody who believes in them.”—Jane Pray

Show Me Strong Families: A Parents as Teachers Initiative

About: The [PAT home visiting model](#) created the SMSF initiative—a direct service arm of the National Center—in response to a Missouri law requiring a PAT program in each school district. Parenting adolescents are referred to SMSF from high schools and family screenings at community service providers, or by self-referral.

Goals and Purpose: SMSF strengthens family protective factors by promoting parental resilience, caregivers' knowledge of parenting and child development, and children's social and emotional competence (PAT National Center, 2022). Parent educators build participants' confidence and help them develop skills to serve as their child's first teacher—all while balancing the child's development with that of the parent.

Service Approach: PAT's flexibility makes it suitable for participants of all ages; the model also offers a two-day training and supplemental curriculum to support parent educators working with adolescents (see sidebar). SMSF follows PAT's core components with additional emphasis on—

- ✔ *Establishing rapport on the first visit.* To work effectively with parenting adolescents, parent educators need to start building rapport and trust at the very first visit.
- ✔ *Providing group connections.* Group sessions expand upon and reinforce items introduced in individual sessions. They also give parenting adolescents an opportunity to form social connections with their peers, helping them to build protective factors and overcome potential social stigma.
- ✔ *Offering support for accessing resources.* Compared to older caregivers, parenting adolescents often face additional barriers to accessing resources, including a lack of transportation or limited experience engaging with service providers. To account for this gap, parent educators may offer young parents additional hands-on support (e.g., calling service providers together, helping them fill out paperwork).
- ✔ *Supporting father engagement.* Adolescent fathers can participate in individual visits and group connections, or join a separate group led by two male parent educators to build a sense of community.
- ✔ *Providing doula services.* Doulas educate pregnant adolescents about the changes happening within their bodies and the essentials of labor and delivery. Doulas also help participants overcome stigma, better understand what is happening in the delivery room, and advocate for themselves.

Supporting Parent Educators

[Partnering With Teen Parents](#) provides additional resources on—

- Adolescent development
- Parallel needs of parents and children
- Techniques to enhance confidence among parenting adolescents
- Strategies for father engagement
- Family dynamics and multigenerational issues

Impact: SMSF parent educators and doulas are important supports for pregnant and parenting adolescents. Parent educators build participants' confidence by balancing the development of the caregiver and the child. Doulas help pregnant adolescents overcome the potential biases of medical providers by teaching them to advocate for themselves—and advocating on their behalf when needed—to ensure a safe, comfortable birthing experience.

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“Adolescent parents already have so many other issues and challenges to overcome. Having a program that allows them to become better parents, better people, learn more . . . is a game changer.”—Robin Lloyd

Summary

The models, affiliates, and initiatives highlighted in this brief emphasize an age-appropriate, tailored approach that is flexible, accessible, engaging, and respectful to pregnant and parenting adolescents. Key service delivery features include—

- ✔ *Topics tailored to participants' unique needs.* Home visitors adapt content to focus on relationship building and communication, as well as the development of self-concept, self-esteem, and self-efficacy as parents.
- ✔ *Accessible and relatable delivery approaches.* Programs bring in home visitors who are relatable to pregnant and parenting adolescents based on shared life experiences or community context. Many home visitors use social media to communicate with participants.
- ✔ *Doula support.* Doulas educate adolescents about changes to their body during pregnancy. They also support adolescents in overcoming potential bias in medical settings by advocating on their behalf and teaching them how to advocate for themselves.
- ✔ *Partnerships with school districts and other community agencies.* To expand the reach of their services and build on existing relationships, models, affiliates, and initiatives partner with local entities that have regular access to pregnant and parenting adolescents (e.g., schools, shelters, child welfare offices).
- ✔ *Staff training to recognize and respond to adolescent needs.* Home visitors and other staff receive training on the unique context of pregnant and parenting adolescents to help meet participants' needs.

Conclusion

Many home visiting models are designed to support first-time parents or parents with complex needs, making them a potential fit for adolescents facing parenthood while still developing their sense of self. Home visiting programs can support young people in navigating these changes and developing their existing strengths while leveraging the positive impacts of pregnancy and parenting to plan for the future.

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Notes

ⁱ Family Spirit model developers provide guidance on the target population and service duration, but Family Spirit implementing agencies may enroll parents and caregivers of all ages and may continue to serve families after the child's 3rd birthday.

ⁱⁱ Family Spirit model developers advise hiring paraprofessionals who are part of the community served; however, implementing agencies may employ licensed professionals and people outside the community.

References

Annie E. Casey Foundation. (2018). *Opening doors for young parents*.

<https://www.aecf.org/resources/opening-doors-for-young-parents/>

Assini-Meytin, L. C., & Green, K. M. (2015). Long-term consequences of adolescent parenthood among African-American urban youth: A propensity score matching approach. *Journal of Adolescent Health, 56*(5), 529–535. <https://doi.org/10.1016/j.jadohealth.2015.01.005>

Child and Family Research Partnership. (2021). *Supporting pregnant and parenting teens in care with home visiting*. (Policy Brief B.044.0121).

<https://childandfamilyresearch.utexas.edu/supporting-pregnant-and-parenting-teens-in-care-with-home-visiting>

Diaz, C. J., & Fiel, J. E. (2016). The effect(s) of teen pregnancy: Reconciling theory, methods, and findings. *Demography, 53*(1), 85–116. <https://doi.org/10.1007/s13524-015-0446-6>

Family Spirit. (2022a). *Curriculum package*. <https://www.jhsph.edu/research/affiliated-programs/family-spirit/curriculum/>

Family Spirit. (2022b). *History*. <https://www.jhsph.edu/research/affiliated-programs/family-spirit/about/history/>

Hans, S. L., & White, B. A. (2019). Teenage childbearing, reproductive justice, and infant mental health. *Infant Mental Health Journal, 40*(5), 690–709. <https://doi.org/10.1002/imhj.21803>

Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs & social consequences of teen pregnancy*. The Urban Institute.

<http://webarchive.urban.org/publications/211515.html>

Ingalls, A., Barlow, A., Kushman, E., Leonard, A., Martin, L., West, A. L., Neault, N., & Haroz, E. E. (2021). Precision Family Spirit: a pilot randomized implementation trial of a precision home visiting approach with families in Michigan—trial rationale and study protocol. *Pilot and Feasibility Studies, 7*(8). <https://doi.org/10.1186/s40814-020-00753-4>

Martin, J. A., Hamilton, B. E., Osterman, M. J. K., & Driscoll, A. K. (2019). Births: Final data for 2018. *National Vital Statistics Reports, 68*(13), 1–47.

National Home Visiting Resource Center. (2021). *2021 Home Visiting Yearbook*. James Bell Associates and the Urban Institute. <https://nhvrc.org/yearbook/2021-yearbook/>

Parents as Teachers National Center. (2022). *Show Me Strong Families*.
<https://parentsasteachers.org/show-me-strong-families-1>

Teen Parent Connection. (2022). *About us*. <https://teenparentconnection.org/about-us/>