Family Health Services Division

PRAMS

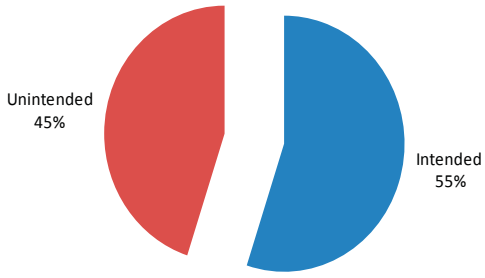
Unintended Pregnancy Fact Sheet

Pregnancy Risk Assessment Monitoring System

Importance of Pregnancy Intention

When pregnancies are intended and planned, there is greater opportunity and motivation for women and their partners to adopt or maintain positive health behaviors, often leading to improved birth and infant outcomes.[1] Pregnancies that are unintended are more likely to result in adverse health behaviors and outcomes before, during, and after pregnancy.[1] The National Healthy People 2010 objective was to increase the proportion of intended pregnancies to 70%.

Pregnancy Intention, Hawai'i PRAMS 2004-2008



Pregnancy Intention

An estimated 55% of all pregnancies resulting in a live birth were intended as defined by wanting the pregnancy at the time of occurrence or sooner. The remaining 45% were unintended pregnancies and were categorized into mistimed (32%) for those that report that they "wanted it later," and unwanted (13%) for those women who reported that they "didn't want it then or at any time in the future."

"I was breastfeeding and thought I couldn't get pregnant."

"I couldn't afford birth control - my medical insurance doesn't cover contraceptives."

-- Hawai'i PRAMS participants

Data Highlights

- About 45% of all pregnancies in Hawai'i were unintended (13% unwanted and 32% mistimed)
- Women more likely to have an unintended pregnancy were Other Pacific Islander, Samoan, Black, Hawaiian, Filipino or Hispanic, younger, less educated, unmarried, uninsured or Medicaid/QUEST insured, and lived in Hawai'i County
- Unintended pregnancy was related to adverse health behaviors including late or no prenatal care, substance use, never breastfeeding, postpartum depression, and short birth intervals
- About half of those with an unintended pregnancy reported not using contraception when they became pregnant

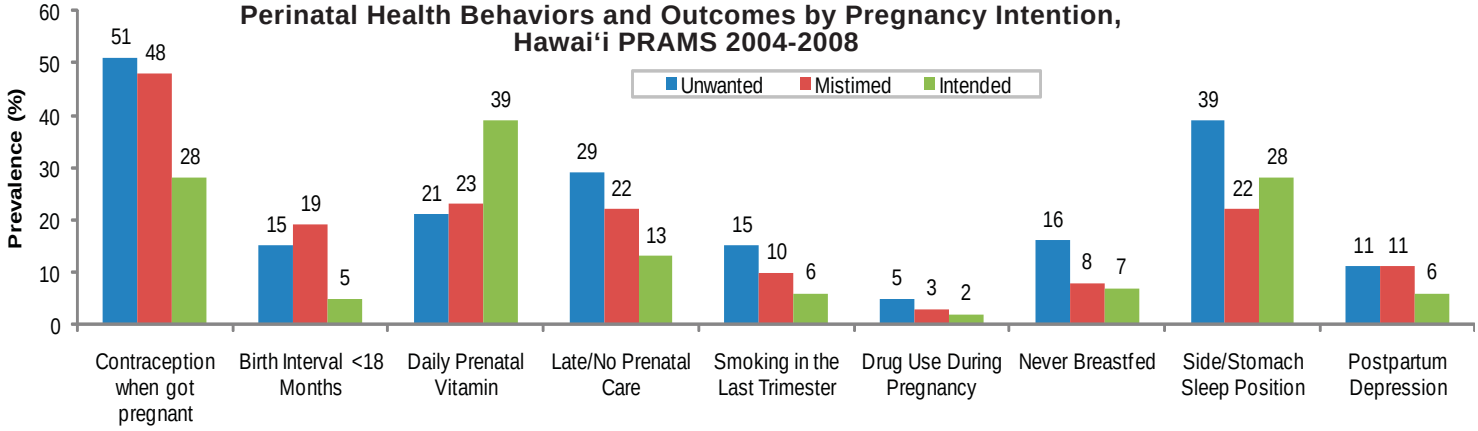
Maternal Characteristics Related to Unintended Pregnancy

In Hawai'i, women who were more likely to have an unintended pregnancy were Other Pacific Islander Samoan, Black, Hawaiian, Filipino, or Hispanic, younger in age, less educated, unmarried, of higher parity, had Medicaid/QUEST insurance or were uninsured before pregnancy, and lived in Hawai'i County. Within the subcategories of unintended pregnancies, a mistimed was particularly common among those under 20 years of age, those that were unmarried, and those with less than a high school education. An unwanted pregnancy was most common among those in which the current child was their fourth or more.

Perinatal Health Behaviors and Outcomes by Pregnanacy Intention

Women with unintended pregnancies in Hawai'i were less likely to be using contraception when they got pregnant, and taking daily vitamins before pregnancy. They were more likely to have a short birth interval, obtain late or no prenatal care, smoke, and use drugs during pregnancy. Even after birth of the infant, women with unintended pregnancies were more likely to never breastfeed, experience postpartum depression, and place their infants on their stomach or side to sleep (a major risk factor for sudden infant death).

Perinatal Health Behaviors and Outcomes by Pregnancy Intention, Hawai'i PRAMS 2004-2008



Unintended Preganancy by Maternal Characteristics, Hawai'i PRAMS 2004-2008

	Unwanted (%) 95% CI*	Mistimed (%) 95% CI
Maternal Race/Ethnicity		
White	8.8 (7.6-10.2)	26.7 (24.7-28.7)
Black	17.3 (12.4-23.7)	38.4 (31.5-45.9)
Hispanic	13.1 (8.5-19.6)	36.2 (28.8-44.4)
Hawaiian	16.1 (14.5-17.8)	38.0 (35.9-40.2)
Samoan	21.2 (16.3-27.1)	31.9 (26.0-38.4)
Other Pacific Islander	23.7 (19.6-28.5)	36.2 (31.3-41.3)
Filipino	13.2 (11.7-14.8)	34.8 (32.6-37.0)
Japanese	7.7 (6.2-9.6)	25.6 (23.1-28.3)
Chinese	9.2 (7.7-11.0)	22.8 (20.5-25.2)
Korean	9.6 (7.4-12.3)	28.1 (24.4-32.0)
Other Asian	8.1 (4.6-13.7)	33.6 (26.7-41.4)
Maternal Age		
Under 20 years	15.5 (12.8-18.5)	57.2 (53.2-61.0)
20-24 years	13.1 (11.6-14.7)	44.4 (42.2-46.7)
25-34 years	12.3 (11.3-13.3)	27.9 (26.5-29.2)
35 or more years	13.7 (12.1-15.4)	16.6 (14.8-18.4)
Maternal Education		
< High School	22.1 (19.3-25.3)	40.6 (37.2-44.1)
High School	16.1 (14.9-17.5)	35.1 (33.4-36.8)
Some College	11.8 (10.5-13.2)	33.7 (31.8-35.6)
College Graduate	5.7 (4.9-6.7)	23.4 (21.8-25.1)
Marital Status		
Married	10.0 (9.2-10.8)	25.1 (24.0-26.2)
Unmarried	18.4 (17.0-19.9)	45.2 (43.4-47.1)
Parity		
First Birth	7.6 (6.8-8.6)	36.6 (35.0-38.2)
Second or Third	14.3 (13.2-15.4)	29.3 (27.9-30.8)
Fourth or More	28.0 (25.1-31.0)	28.5 (25.6-31.6)
Health Insurance Prior to Pregnancy		
Private Insurance	9.5 (8.7-10.3)	29.2 (28.0-30.3)
Medicaid/QUEST	22.3 (20.2-24.5)	37.8 (35.3-40.3)
None	17.4 (15.2-19.8)	40.1 (37.2-43.0)
County of Residence		
Honolulu	13.1 (12.3-14.0)	31.6 (30.4-32.7)
Hawai'i	14.6 (12.6-17.0)	35.9 (33.0-38.9)
Maui	10.3 (8.4-12.5)	32.8 (29.8-36.0)
Kauai	13.4 (10.3-17.1)	32.5 (28.0-37.3)
Overall	**13.0 (12.3-13.7)**	**32.3 (31.3-33.3)**

* 95% CI refers to the 95% confidence interval around estimate.

Family Planning Provider List

Hawai'i Title X family planning providers operate clinical sites in all counties. For a provider contact list visit:

http://Hawaii.gov/health/family-child-health/mchb/fp-docs/fp1.html

For more information contact:

Hawai'i PRAMS Coordinator
Hawai'i Department of Health
PRAMS@doh.Hawaii.gov
(808) 733-4060

About the Data

The **Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS)** is a self-reported survey of recent mothers conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, about 2,000 women who deliver a live infant are randomly selected to participate. The estimates of pregnancy intendedness presented in this report may be different than other reports that include pregnancies that end in abortion, miscarriage, or fetal deaths in calculating the unintended rate.

Suggested Citation

Schempf A, Hayes D, Calhoun C, Fuddy L. "Unintended Pregnancy Fact Sheet." Honolulu, HI: Hawai'i Department of Health, Family Health Services Division; December 2010.

Discussion

Nearly half of all births are the result of an unintended pregnancy, and these pregnancies are of particular concern both emotionally and financially for society. Understanding why so many pregnancies are unintended and identifying ways to prevent them are needed to decrease this burden. It is important to note that it is not just the younger women who are having unintended pregnancies, but that it is related to other factors including insurance coverage, marital status, race, parity. In half of these unintended pregnancies, the women reported not using contraception when getting pregnant. Thus, the use of appropriate family planning services has potential to drastically decrease the burden of unintended pregnancies, both unwanted and mistimed.

Several programs support family planning services for underserved populations. For example, the federal Title X grant provides funds directly to clinics in all states to subsidize family planning services for low-income, uninsured, or underinsured women.

Medicaid is another federal-state partnership that covers medical care and family planning services for eligible low-income women. Medicaid family planning waivers, which extend contraceptive coverage from 1-5 years postpartum and/or expand income eligibility, have been shown to reduce unintended pregnancies and short birth intervals, with cost savings of $2.50 for every dollar spent.[3,4] In Hawai'i, pregnant women who are at 101% to 185% of the federal poverty level are terminated from benefits and services two months after delivery and don't have access to appropriate health coverage until they become pregnant again or their income/eligibility status worsens. Recent legislation (Act 2, 2008 Special Session) attempted to extend the Hawai'i Medicaid/QUEST coverage from 8 weeks to 6 months postpartum. The waiver to enact this legislation was not granted so there was no extension of benefits beyond the 8 weeks postpartum. An increased awareness and understanding of this concern was raised in the process and efforts to inform future legislation about the importance are ongoing.

In addition to increased coverage of services, providers should improve contraceptive counseling and education at delivery and in outpatient settings to reduce future unintended pregnancies, dispel myths regarding the inability to become pregnant while breastfeeding or during amenorrhea, and help identify appropriate contraceptive methods for each woman's circumstances and preferences.

References

1 Gipson JD, Koenig MA, Hindin MJ. The effects of unintended pregnancy on infant, child, parental health: a review of the literature. Studies in Family Planning. 2008;39(1):18-38.

2 Williams L, Morrow B, Shulman H, Stephens R, D'Angelo D, Fowler CI. PRAMS 2002 Surveillance Report. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2006.

3 Gold RB. Doing more for less: Study says State Medicaid family planning expansions are cost-effective. The Guttmacher Report on Public Policy. March 2004.

4 Foster DG et al. Estimates of pregnancies averted through California's family planning waiver program in 2002. Perspectives on Sexual and Reproductive Health. 2006, 38(3):126-131.