



Unintended Pregnancy Fact Sheet (September 2020)

Pregnancy Risk Assessment Monitoring System

Importance of Pregnancy Intention

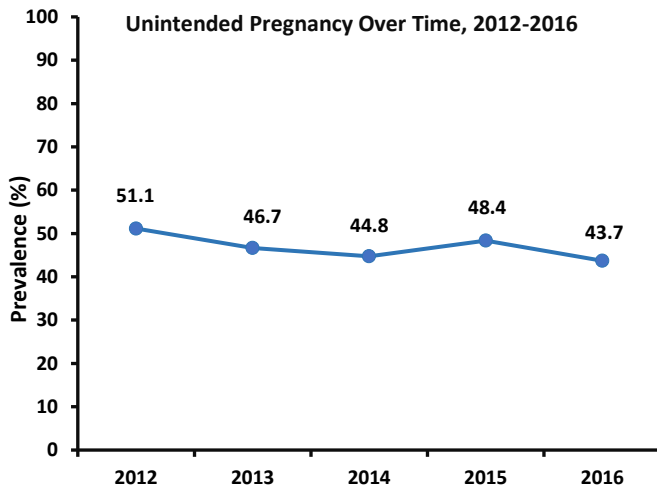
When pregnancies are intended and planned, there is greater opportunity and motivation for women and their partners to adopt positive health behaviors, often leading to improved infant outcomes. Unintended pregnancies are associated with inadequate prenatal care, low birthweight, intimate partner violence, and other adverse outcomes to the mother and her infant.¹ Factors that contribute to unintended pregnancy are complex, but often associated with ineffective family planning or substance use (i.e., alcohol or illicit drug use).^{2,3}

Trends over Time

In 2016, 43.7% of mothers in the State of Hawaii reported having an unintended pregnancy. There appears to be an improvement in unintended pregnancy from 51.1% in 2012 to 2016, but estimates were not significantly different across the 5-year span.

Data Highlights

- In 2012-2016, approximately 47% of all pregnancies in Hawaii were unintended.
- Women more likely to have an unintended pregnancy were Native Hawaiian, Filipino, Other Pacific Islander, under 20 years old, unmarried, uninsured or Medicaid/Quest insured, at federal poverty level of 0-100%, and lived in Hawaii County.
- Unintended pregnancy was related to adverse health behaviors including late prenatal care, smoking during pregnancy, placing infants on their stomach or side to sleep, postpartum depression.



Data Source

Data from a total of 6,648 respondents were analyzed from the 2012-2016 Hawaii’s Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based surveillance system for maternal behaviors before, during, and after pregnancy. 2017-2018 Hawaii PRAMS data are not available. Based on 2012-2016 data, about 47% of pregnancies in Hawaii were unintended. Among the unintended pregnancies, about 20.5% were classified as mistimed, 7.2% as unwanted, and 19.3% as “I wasn’t sure what I wanted”. Unwanted pregnancies typically have higher rates of poor outcomes than mistimed and intended pregnancies.

Maternal Characteristics Related to Unintended Pregnancy

In Hawaii, women who were more likely to have an unintended pregnancy were Native Hawaiian, Filipino, or Other Pacific Islander; those who were under 20 years of age, unmarried, had Medicaid/Quest insurance or were uninsured before pregnancy; those who had three or more previous live births, or those at 0-100% federal poverty level (Table 1). Compared to other counties, those who resided in Hawaii County were more likely to have an unintended pregnancy.

Outcomes Associated with Pregnancy Intention

Women with unintended pregnancies in Hawaii were less likely to take vitamin at least 4 days a week before pregnancy. During pregnancy, they were more likely to obtain late prenatal care (after the first trimester), smoke, use WIC services, and were less likely to have teeth cleaning. Even after birth of the infant, women with unintended pregnancies were more likely to experience postpartum depression and place their infants on their stomach or side to sleep (a major risk factor for sudden infant death).

“Becoming a first-time mother has been an amazing experience, although my pregnancy wasn’t planned it has been a blessing from the start.”

-- Hawaii PRAMS participant

Table 1. Bivariate associations of unintended pregnancy with socio-demographic characteristics, Hawaii PRAMS 2012 to 2016

	Prevalence (%)	95% CI*
Maternal Race		
White	32.9	29.6-36.1
Native Hawaiian	59.2	56.2-62.2
Filipino	49.4	45.3-53.4
Japanese	34.3	29.0-39.6
Other Pacific Islanders	61.9	55.5-68.3
Other/Unknown	42.9	38.1-47.8
Maternal Age (years)		
Under 20	85.1	79.9-90.3
20-34	47.3	45.4-49.3
35-52	36.7	33.1-40.4
Marital Status		
Married	34.5	32.4-36.6
Unmarried	68.7	66.0-71.4
Federal Poverty Level		
0-100%	62.2	53.5-70.8
101-185%	46.1	37.3-54.9
186% and Above	31.5	25.4-37.6
County of Residence		
Honolulu	45.2	43.0-47.4
Hawaii	54.0	51.4-56.5
Maui	49.3	46.6-52.0
Kauai	50.0	47.3-52.7
Health Insurance Prior to Pregnancy		
None	62.5	55.8-69.2
Medicaid/Quest	65.6	62.7-68.5
Millitary	33.1	28.8-37.5
Private Insurance	39.8	37.6-42.0
Parity		
First Birth	46.2	43.3-49.0
Second or Third	44.4	42.0-46.9
Fourth or More	58.7	54.1-63.3

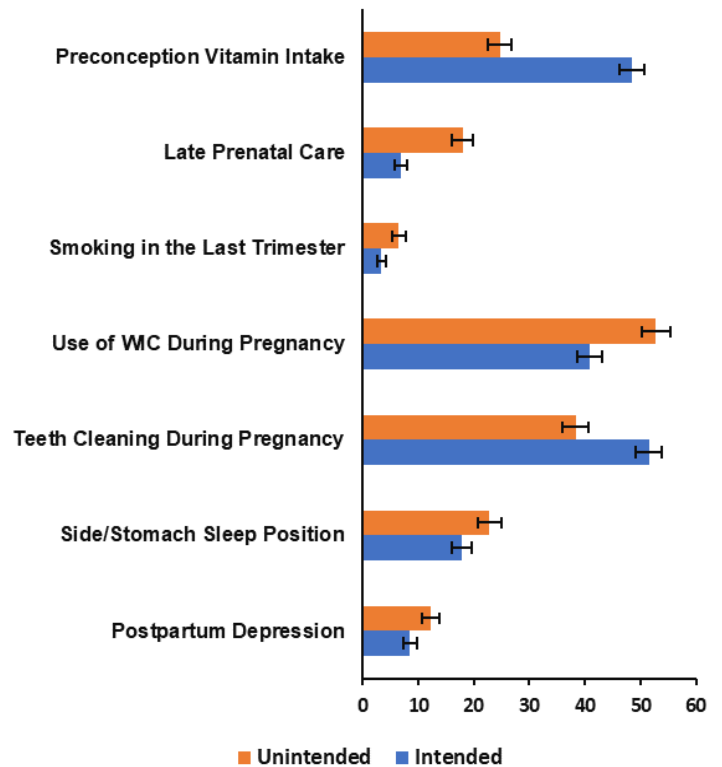
* 95% CI refers to the 95% confidence interval around estimate.

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. Unintended pregnancies are associated with adverse outcomes for the mother and the infant. It is essential to identify those groups at a higher risk for unintended pregnancy. The data has been critical in raising awareness and in the development of some significant strategies to reduce unintended pregnancy in Hawaii through the promotion of Long Acting Reversible Contraception and One Key Question.

The United States set family planning goals in Healthy People 2020 (<https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>) to improve pregnancy planning and spacing, and to reduce the number of unintended pregnancies. Two ways to reach these goals are to increase: 1) Access to contraception that includes the full range of methods, such as long-acting, and reversible forms like intrauterine devices and hormonal implants; and

Outcomes Associated with Pregnancy Intention, Hawaii PRAMS 2012-2016



2) correct and consistent use of contraception for sexually active women who choose to delay or avoid pregnancy. In addition, providers should improve contraceptive counseling and education at delivery and in outpatient settings to reduce future unintended pregnancies.

About the PRAMS Data

The Hawaii 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 in Hawaii, about 2,400 women who deliver an 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. From the birth certificate.

Suggested Citation:

Fok, CCT, Awakuni, J, Shim, M. "Unintended Pregnancy Fact Sheet" Honolulu, HI: Hawaii State Department of Health, Family Health Services Division; September 2020.

References

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