

Unintended Pregnancy

The Centers for Disease Control and Prevention (CDC) defines unintended pregnancy as any pregnancy that is mistimed, unplanned, or unwanted.¹ During the past decade, nearly half of pregnancies in the United States have been unintended.² Reducing the proportion of unintended pregnancies is both a national Healthy People 2020 and a Wisconsin State Health Plan (*Healthiest Wisconsin 2020*) priority.

Unintended pregnancy is associated with higher risks of complications for mothers and their babies. Women who conceive unintentionally are less likely to be in optimal health prior to pregnancy. Additionally, women whose pregnancies are unintentional are more likely to delay seeking prenatal care and to engage in risky behaviors during pregnancy.¹

Unintended pregnancy is not just a health issue; it also has economic implications. A woman or family facing an unintended pregnancy may be unprepared for the financial burden of pregnancy. Many of these women may be under- or uninsured at the time of pregnancy and eligible for publicly funded insurance programs such as BadgerCare Plus.² Consequently, unintended pregnancies to Wisconsin women cost taxpayers \$157 million in 2006 alone.²

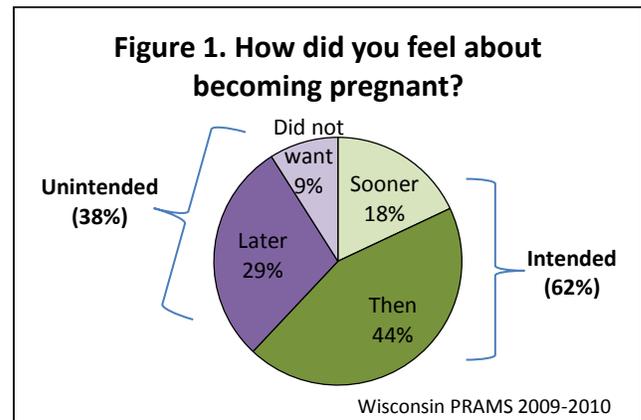
A sample of Wisconsin mothers received the PRAMS survey two to three months after their baby was born. The 2009–2010 Wisconsin PRAMS survey asked questions on a variety of topics, including questions regarding pregnancy intention and maternal behaviors and experiences before and during pregnancy. PRAMS information on pregnancy intention could help to inform strategies to prevent unintended pregnancy and its ill effects on the health of Wisconsin’s women, children, and economy.

QUICK FACTS

- 38% of new mothers did not intend pregnancy.
- 46% of mothers with unintended pregnancies reported doing nothing to prevent pregnancy.
- Unintended pregnancy is associated with many detrimental experiences and health behaviors.

During 2009-2010, 38% of moms did not intend pregnancy (wanted later or never) and 62% intended pregnancy (wanted then or sooner) (Figure 1). As a sample of only those women whose pregnancies culminated in live birth, PRAMS is likely to underestimate the true proportion of unintended pregnancy.

The proportion of unintended pregnancy differed according to maternal characteristics (Table 1). Moms were more likely to report an unintended pregnancy if they were non-Hispanic black, under 20 years old, unmarried, of low educational attainment (high school or less), making less than \$10,000 annually, or on BadgerCare Plus at the time of delivery.



Pregnancy prevention practices

Mothers who reported that they were not trying to get pregnant were asked whether they were doing anything to prevent pregnancy at the time of conception. Of mothers whose pregnancies were unintended, 46% said that they or their partner were not doing anything to prevent pregnancy. The top three most commonly reported reasons, in order of frequency, were:

- did not mind becoming pregnant (31%),
- thought they could not become pregnant (27%), and,
- husband/partner objected to contraception (26%).

Other reasons for not doing anything to prevent pregnancy were: side effects from contraceptives, belief that their partner was sterile, and difficulty getting birth control. About one-fourth of mothers reported two or more reasons for not doing anything to prevent pregnancy.

What Moms Tell Us - Wisconsin PRAMS

Table 1. Unintended Pregnancy by Selected Maternal Characteristics, Wisconsin PRAMS, 2009-2010

Maternal Characteristic	Unintended	
	Percent	C.I.
Total All Mothers	38	±3
Maternal Race/Ethnicity[†]		
White, non-Hispanic	33	±3
Black, non-Hispanic	65	±5
Hispanic	45	±5
Other, non-Hispanic	38	±7
Maternal Age[†]		
Under 20 years	78	±7
20-24 years	50	±6
25-34 years	31	±3
35+ years	24	±6
Maternal Education[†]		
Less than high school	56	±6
High school	52	±6
Some college or college graduate	27	±3
Income[†]		
Less than \$10,000	65	±6
\$10,000 – \$49,999	46	±4
\$50,000 or more	16	±3
Health Insurance at Delivery[†]		
Medicaid/BadgerCare Plus	58	±4
Private or Employer Insurance	21	±3
Uninsured (personal income)	--	
†p-value for chi-square <0.05		
--Indicates the sample was too small to provide a reliable estimate		

Table 2. Maternal Behaviors and Experiences Associated with Pregnancy Intention, Wisconsin PRAMS, 2009-2010[†]

Maternal Behaviors	Intended		Unintended	
	Percent	C.I.	Percent	C.I.
Daily multivitamin in month before pregnancy	46	±3	15	±3
Physical abuse by partner in 12 months before pregnancy	2	±1	6	±2
Prenatal care in first trimester	89	±2	77	±4
Smoking in 3 mo. before preg.	22	±3	34	±4
Smoking in last 3 mo. of preg.	9	±2	20	±4
Stresses during pregnancy (6+)	3	±1	9	±2
Post-partum depressive symptoms	9	±2	15	±3
Ever breastfeeding	85	±2	78	±4
Breastfed at least one month	74	±3	66	±4
Placing infant on back to sleep	82	±3	76	±4
Periodic or frequent bedsharing	28	±3	33	±4
†p-value for chi-square <0.05				

About Wisconsin PRAMS: <http://dhs.wisconsin.gov/births/prams/>
 Prepared in the Division of Public Health, Wisconsin Department of Health Services. Wisconsin PRAMS is a statewide survey 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, almost 1,900 women who delivered a live infant are randomly selected to participate. The 2009-2010 combined data file includes 1,862 mothers who responded to the surveys. The weighted response rates were 65.9% for 2009 and 60.5% for 2010.
Funding for PRAMS is provided in part by the Centers for Disease Control and Prevention (Grant #5U01DP003123-02). Additional support is provided by the Title V Maternal and Child Health Block Grant Program.

Resources

- CDC's Preconception Health and Health Care: Reproductive life plan tool for health care professionals
<http://www.cdc.gov/preconception/documents/RLPHealthProviders.pdf>
- CDC and UNC's "Before, between, and beyond pregnancy: the national preconception curriculum and resource guide for clinicians." <http://www.beforeandbeyond.org/>
- HCET's "Basic Practices: Women's Health - Now and Beyond Pregnancy." <http://www.wifamilyplanning.org/Documents/JTB%20Womens%20HealthNow%20and%20Beyond.pdf>

Limitations

- Mothers might not recall or want to admit their feelings about the pregnancy after their baby is born.
- The results presented in this fact sheet may differ from other reports on unintended pregnancy that may include unintended pregnancies that result in outcomes other than live birth.

References

1. Centers for Disease Control and Prevention. (April 2012) "Unintended Pregnancy Prevention." Accessed: 20 Nov 2012. <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/>
2. Sonfield A, et al., The public costs of births resulting from unintended pregnancies: national and state-level estimates, *Perspectives on Sexual and Reproductive Health*, 2011, 43(2):94-102.

Pregnancy intention and maternal behaviors

During 2009-2010, mothers who did not intend their pregnancy had a higher proportion of many potentially detrimental behaviors and experiences than mothers who intended pregnancy (Table 2). Negative health behaviors in unintended pregnancies could have implications for the prevalence of birth defects, poor birth outcomes, SIDS, and suboptimal infant and child health.

What can providers do?

- Assist all women in developing a reproductive life plan to help guide their contraceptive and health behavior decisions.
- Assure that all women of reproductive age have the resources and health education necessary to successfully follow their reproductive life plan.
- Promote preconception health among all women of reproductive age regardless of their pregnancy intention.

