Unintended Pregnancy: The Iowa Experience in National Context

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"The burden of unintended pregnancy in the U.S. falls more heavily on young, low-income, unmarried, and ethnic minority women." [2]

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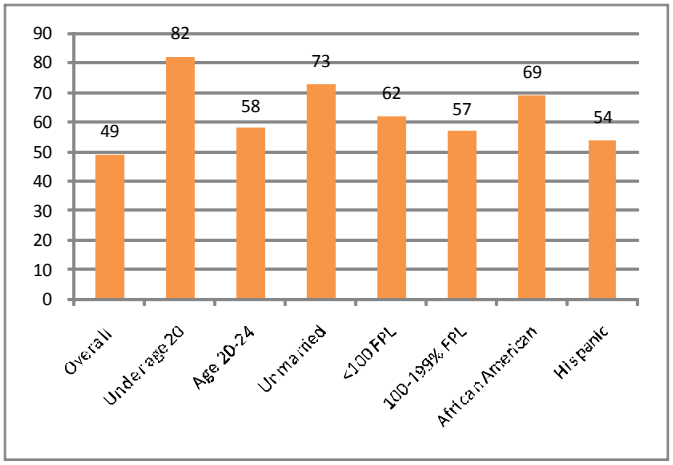
Unintended pregnancy in the United States

The ability to plan if and when to have children is fundamental to women's health. Between age at first intercourse and age of menopause, women in the US spend an average of three decades trying to avoid pregnancy. Despite this, by age 45 more than half of all American women have experienced an unintended pregnancy, including a pregnancy that was either unwanted or mistimed.[1]

In fact, one-half (49%) of all pregnancies to women ages 15 to 44 each year are unintended, constituting 3.1 million pregnancies annually.[2]

Although unintended pregnancy is a common experience for women of all ages and backgrounds, a larger proportion of pregnancies to young, poor, unmarried, and ethnic minority women are unintended (see chart).

Proportion of Pregnancies that are Unintended Among U.S. Women Ages 15 to 44, Overall and by Select Demographic Characteristics, 2001



Source: National Campaign to Prevent Teen and Unplanned Pregnancy. 2008. *The DCR Report: Unplanned Pregnancy in the United States Among All Women.* Washington, D.C.

The implications of unintended pregnancy

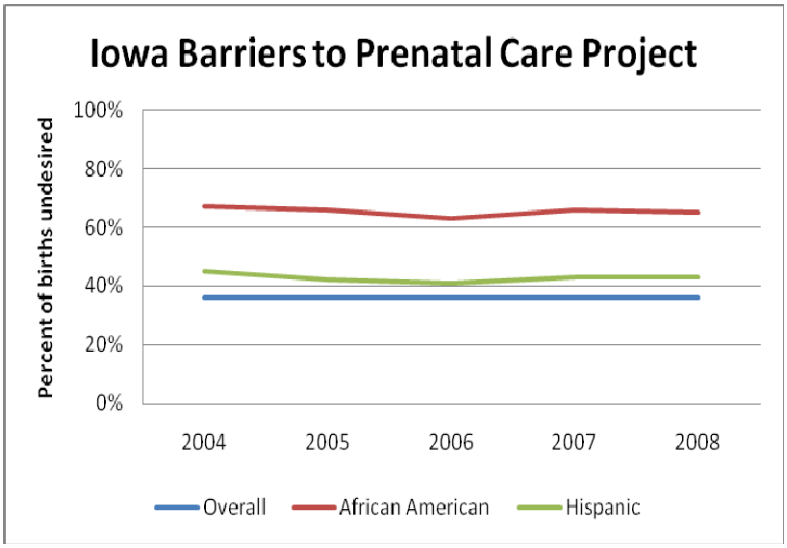
The negative health, social, and economic consequences of unintended pregnancy on both mother and child have been well documented, and include lessened education and employment opportunities for the family and poor health outcomes for both mothers and children.[3] Women with unintended pregnancies that are continued to term are more likely to receive inadequate or delayed prenatal care, and as a result their infants have poorer health outcomes including low birth weight.[4] These negative outcomes are often more pronounced for women and families in poverty, as well as teen mothers.[5] Even among women with supportive families and financial resources, unintended pregnancy can have life-altering consequences.

The burden of unintended pregnancy also falls on government programs. The public cost of health care and social services that follow from unintended pregnancy has been shown to be substantial. Recent estimates suggest that for every dollar spent on family planning services in the United States, $4 are saved in public-sector costs associated with maternity and infant care for these unintended pregnancies.[6] A 2009 benefit-cost analysis for Iowa showed that for every dollar spent on family planning $3.78 is saved in averted costs.[7]

Unintended pregnancy in Iowa

The Iowa Barriers to Prenatal Care Project collects brief attitudinal and demographic data from women giving birth in Iowa hospitals. In 2008, 36% of women giving birth indicated that their pregnancy was undesired at the time of conception. This figure has remained relatively stable since 2004 (see chart). Disparities in the proportion of births that are undesired have also remained relatively stable, with a larger proportion of African American and Hispanic women reporting that their pregnancy was undesired.

The Barriers data also reveal that among women who considered their pregnancy to be mistimed, 68% were not using birth control at the time of conception. A smaller but still significant proportion (59%) of women who considered their pregnancy unwanted were not using birth control at the time of conception.



Source: Losch ME & Wolf S (2008). Iowa Barriers to Prenatal Care Project. Iowa Department of Public Health, University of Northern Iowa Center for Social and Behavioral Research: 2007 Data Summary.
Losch ME & Hoekstra A (2009). Iowa Barriers to Prenatal Care Project. Iowa Department of Public Health, University of Northern Iowa Center for Social and Behavioral Research: 2008 Data Summary.

Why do unintended pregnancies occur?

The majority (52%) of unintended pregnancies in the United States occur among the minority (11%) of sexually active women not using any contraceptive method. [2] The reasons for lack of or inconsistent contraceptive use are complex, and often motivated by a combination of individual, partner, cultural, and structural factors.

Difficulty obtaining contraceptive methods may be one factor. Current estimates suggest that only one-half of sexually active women in need of publicly funded family planning services have their needs met under current sources of care (including Medicaid and Title X programs).[8] Further, even with access to other sources of care, including private health insurance, cost or privacy concerns often limit women's access to needed services.

Attitudes towards childbearing, fertility and contraception also play an important role. A significant proportion of women express ambivalence towards the timing of childbearing, and this ambivalence can have direct effects on contraceptive use.[9]

Myths and misperceptions about the short and long term side effects of contraception, concerns about fertility, and doubts about the effectiveness of most contraceptive methods at preventing pregnancy are widespread and directly influence contraceptive behaviors.[10] These concerns appear to be more prevalent in minority communities, in particular as they relate to concerns about the safety and side effects of hormonal methods. [11]

Persistent disparities in unintended pregnancy according to an individual's racial/ethnic and socioeconomic status can partially be explained by differences in contraceptive use, as larger proportions of Hispanic (12%) and African American (15%) women at risk for unintended pregnancy report not using any contraception, as compared to 9% of white women.[12] However, given use of similar contraceptive methods, low-income women experience higher rates of contraceptive failure, suggesting that more needs to be done to address the historical and cultural context of family planning across diverse communities.[13]

National efforts to reduce unintended pregnancy

The high prevalence of unintended pregnancy in the nation across diverse age and demographic groups has spawned a number of new efforts to better understand the factors leading to unintended pregnancy, as well as programmatic and policy-level solutions for reducing its frequency.

The National Campaign to Prevent Teen Pregnancy has become **the National Campaign to Prevent Teen and Unplanned Pregnancy**, broadening their mission to include those beyond the teenage years. The organization has recently produced several publications and strategies aimed at reducing unintended pregnancy specifically among young adults:

In 2009, the Campaign published ***The Fog Zone: How Misperceptions, Magical Thinking, and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy.*** [10] Using data from a nationally representative sample of 1,800 unmarried men and women aged 18 – 29, the report explores reasons for unintended pregnancy and inconsistent contraceptive use among young adults, filling gaps in research. The report found that among unmarried women in their 20's, a startling 70% of pregnancies are unplanned. In spite of professed beliefs that pregnancies should be planned and feelings among most of those surveyed that avoiding pregnancy right now is important, 19% use no contraception at all and 24% use it inconsistently. The data showed pervasive ignorance about contraception among the nation's young people, fear of contraceptive side effects, misinformation about the effectiveness of birth control, and deep ambivalence about being parents. This information can be used to fashion campaigns and programs to change these contributing factors.

National Campaign CEO Sarah Brown also recently released ***Aunt Sarah's List,*** [14] highlighting the importance of pregnancy planning:

"Getting pregnant or causing pregnancy, having babies, and starting families are perhaps the most important things we ever do, with generational effects. These major steps need to be thought about carefully, not stumbled into. We think and talk about so many less important things all the time: what's for dinner, March Madness brackets, what movie to see this weekend… Surely the event of when to become a parent, with whom, and under what circumstances deserve at least the same amount of time and attention. 'If it happens, it happens' is no way to start a family. And 'I just never really thought about it' isn't either."

Yet another development in working to reduce unintended pregnancy has been the creation of a new curriculum called ***Planning for Children: Helping Couples Get on the Same Page about If or When to Have More Children.*** [15] Authored by Pamela M. Wilson, this three-session module includes activities designed to be engaging and fun so that couples can sit together and develop a common vision for the timing and spacing of their children. The module also includes information about birth control and strategies for using it effectively.

In an effort to further improve pregnancy outcomes, renewed attention on implementing **preconception and interconception care guidelines** to women of all ages has been promoted by the CDC and other health organizations. Defined as *"interventions that aim to identify and modify biomedical, behavioral, and social risks to a women's health or pregnancy outcomes through prevention and management, emphasizing those factors which must be acted on before conception or early in pregnancy to have maximal impact,"* [16] preconception care promotes a lifelong focus on reproductive health and planning, and has the potential to significantly reduce unintended pregnancy and improve pregnancy outcomes.

A recent review identified a handful of structural policy and programmatic interventions that have been found to increase contraceptive use among adult women. ***Quick start protocols*** enabling women to begin their hormonal contraceptive method on the day of their family planning visit (rather than at the onset of their next menstrual cycle), ***advance provision of emergency contraception***, and ***delivery of family planning services in non-traditional settings*** (e.g., corrections facilities) were all associated with an increase in women's short-term adherence to a contraceptive method. [17]

On a policy level, recent **health care reform** legislation includes several provisions that could enable women and families in their pregnancy planning efforts. First, private health insurers are now required to cover young adults up to age 26 on their parents' health insurance plan. Given that young adults are more likely to be uninsured than any other age demographic, this expansion in coverage is significant. Secondly, health reform provisions will enable states to expand their Medicaid coverage for family planning services through a less cumbersome state plan amendment (SPA) process, as opposed to filing for a federal waiver which must be renewed on a regular basis.

Finally, numerous professional reproductive health organizations have expanded their guidelines for use of **long-acting, reversible methods of contraception**, recommending these highly effective methods for nulliparous women, including adolescents and young adults. [18] Increased promotion and adoption of these methods, including intrauterine contraception (IUCs) and implants, has the potential to significantly reduce the incidence of unintended pregnancy.

16 Main Street
Accord, NY 12404
Phone: 845-626-2126
Fax: 845-626-3206
www.phillibertesearch.com

Bixby Center for Global Reproductive Health
UCSF University of California San Francisco

3333 California Street
Suite 265
San Francisco, CA 94143-0936
Phone: 415-476-2317
Fax: 415-476-0705
www.bixbycenter.ucsf.edu

For additional information, please see the following brief: **Evaluating the Iowa Initiative to Reduce Unintended Pregnancies**; February 2010.

Iowa Service Providers

Allen Women's Health
Central Iowa Family Planning
Edgerton Women's Health Center
Emma Goldman Clinic
Hillcrest Family Services
Myrtue Medical Center
New Opportunities
North Iowa Community Action Organization
Northeast Iowa Community Action
Planned Parenthood of East Central Iowa
Planned Parenthood of the Heartland
Planned Parenthood of Southeast Iowa
Southern Iowa Family Planning Clinic
St. Luke's Family Health Center
Trinity Muscatine Public Health
Visiting Nurse Services
Women's Health Services

Efforts of the Initiative to Reduce Unintended Pregnancy in Iowa

In Iowa, five core partner organizations (below) and seventeen service providing organizations (left sidebar) are involved in the Iowa Initiative to Reduce Unintended Pregnancies to help formulate solutions to a persistently high rate of unintended pregnancy in the state. The organizations funded by this Initiative are using multi-faceted approaches to ultimately reduce unintended pregnancies and include family planning providers, academic researchers, and community-based organizations. Each has specific goals to encourage and increase use of long-acting reversible methods of contraception (LARC), increase the number of women accessing family planning services, increase public funding for family planning, and/or increase support for family planning services in their communities.

Family Planning Council of Iowa	Iowa Department of Public Health	Planned Parenthood of the Heartland	The Iowa Initiative to Reduce Unintended Pregnancies	University of Northern Iowa Center for Social and Behavioral Research

For a list of individual service providers, please see ***Iowa Service Providers*** *in the left sidebar.*

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[15] Developed in collaboration with the Center for Urban Families, The National Campaign to Prevent Teen and Unplanned Pregnancy, the Center on Children and Families at the Brookings Institution and the Annie E. Casey Foundation. www.TheNationalCampaign.org/PlanningforChildren

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