



Issue Brief

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Unintended Pregnancy Among Women in Rhode Island, 2009-2011

During 2004 – 2011, the unintended pregnancy rates did not improve in Rhode Island. Healthcare providers are strongly encouraged to provide comprehensive reproductive health counseling to all women and men of reproductive age.

Definition and Significance

An unintended pregnancy is defined as a pregnancy that is either mistimed (the woman wanted to be pregnant later) or unwanted (she did not want to be pregnant then or at any time in the future) at the time of conception.¹ An unintended pregnancy may influence a woman's behaviors and experiences during and after pregnancy: women with an unintended pregnancy are more likely to engage in negative health behaviors, including delayed prenatal care or tobacco and alcohol use during pregnancy, which can lead to adverse effects for both mothers and infants; and less likely to breastfeed their infants.¹ A better understanding of unintended pregnancy can lead to more effective interventions that might decrease its prevalence and would further decrease the health risks to mothers and newborn infants.¹ The Pregnancy Risk Assessment Monitoring System (PRAMS) survey asks mothers about the timing and intention of their pregnancy at the time of conception as well as their reasons for not using birth control.

Healthy People 2020 Target

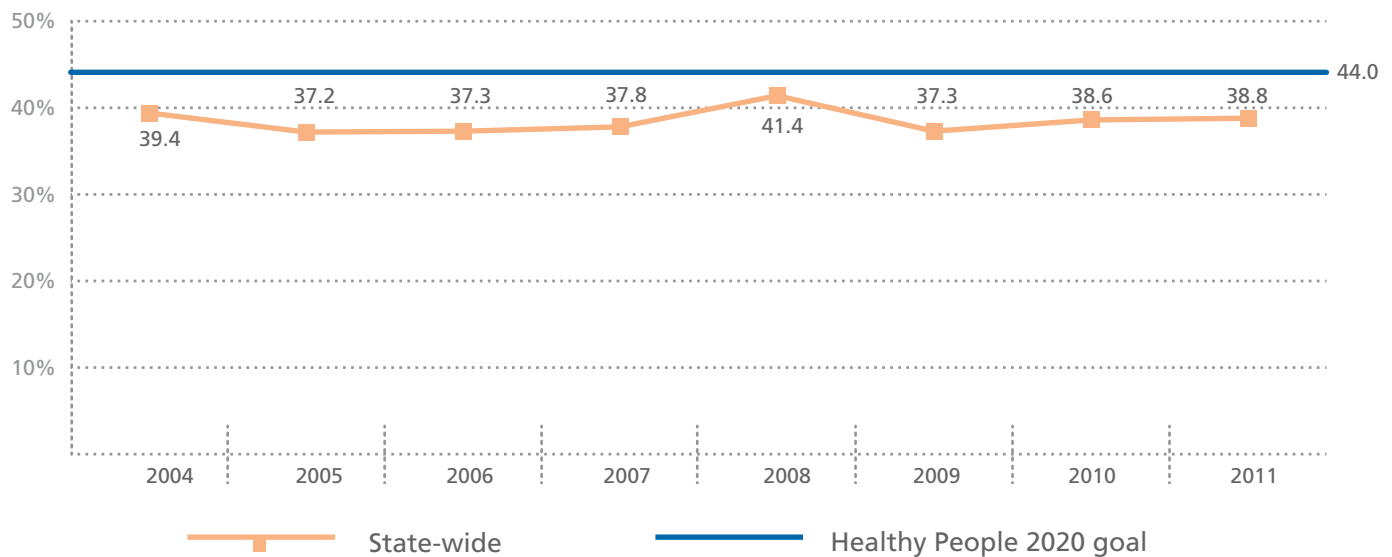
FP-1: Increase the proportion of pregnancies that are intended to 56% (or reduce the proportion of pregnancies that are unintended to 44%).³

Recommended Actions for Healthcare Providers

- Provide reproductive health counseling, including contraceptive counseling, reproductive life planning, and preconception care, to all women and men of reproductive age.
- Encourage patients to develop a reproductive life plan that outlines their goals and values about if and when they would like to have children.
- Begin reproductive health counseling with "One Key Question" (e.g. "Do you plan to become pregnant in the next year?") to clarify pregnancy intention and appropriate follow-up with contraceptive counseling, reproductive life planning, and preconception care.
- Offer a broad range of FDA-approved contraceptive methods.
- Provide a tiered approach to contraceptive counseling by beginning with the most effective methods, such as long-acting reversible contraceptive (LARC) methods.
- Integrate reproductive health counseling and preconception care into comprehensive service delivery, including preventive and related acute care visits.
- Train all health team members in the delivery of reproductive health counseling and preconception care.
- Maintain a referral list for contraceptive methods and reproductive health services that are not provided on site.



2 **FIGURE 1: UNINTENDED PREGNANCY BY YEAR, RHODE ISLAND, 2004-2011**



Rhode Island Compared to Other PRAMS Sites, 2011

Across the 24 PRAMS sites in the US (23 states and New York City), the prevalence of unintended pregnancy ranged from 31.5% (best) to 54.8% (worst) in 2011.³ Rhode Island ranked 13th (1st is the best) with 38.8% of mothers reporting their pregnancy was unintended.²

Prevalence and Trends, 2004-2011

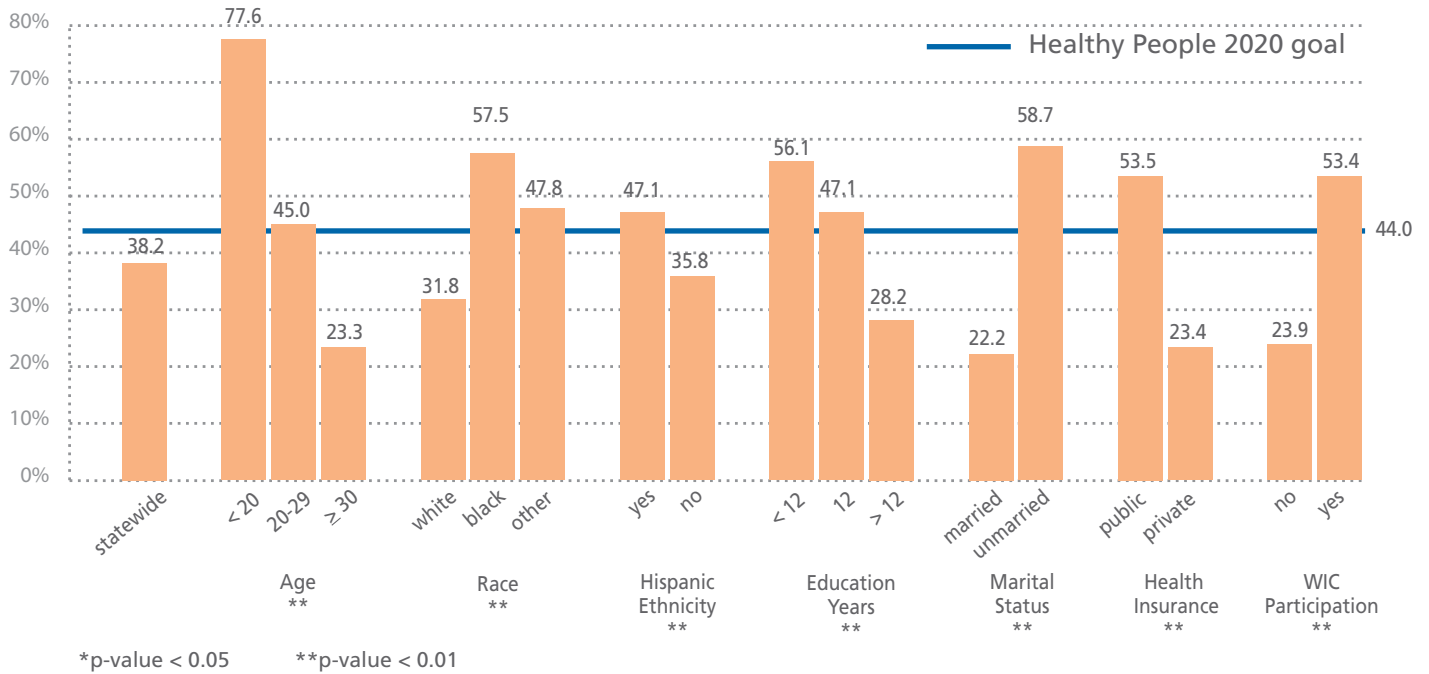
The proportion of Rhode Island mothers who had an unintended pregnancy ranged from 37.2% to 41.4% during 2004-2011. However, the linear trend during the period was not statistically significant. The Healthy People 2020 goal of reducing the proportion of unintended pregnancy to 44%³ has been achieved since 2002, when Rhode Island started to collect the PRAMS data (Figure 1).

Demographic Characteristics, 2009-2011

The overall prevalence of Rhode Island mothers with an unintended pregnancy was 38.2%. Demographic characteristics that were significantly (p -value less than 0.05) associated with unintended pregnancy included age, race, ethnicity, educational level, marital status, health insurance type, and participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

- »» Mothers who were younger than 20 (77.6%), black (57.5%), Hispanic (47.1%), unmarried (58.7%), had less than 12 years of education (56.1%), had public health insurance (53.5%), and participated in WIC (53.4%) had a higher prevalence of unintended pregnancy compared with their counterparts (Figure 2).

FIGURE 2: UNINTENDED PREGNANCY: DEMOGRAPHIC CHARACTERISTICS, RHODE ISLAND, 2009-2011

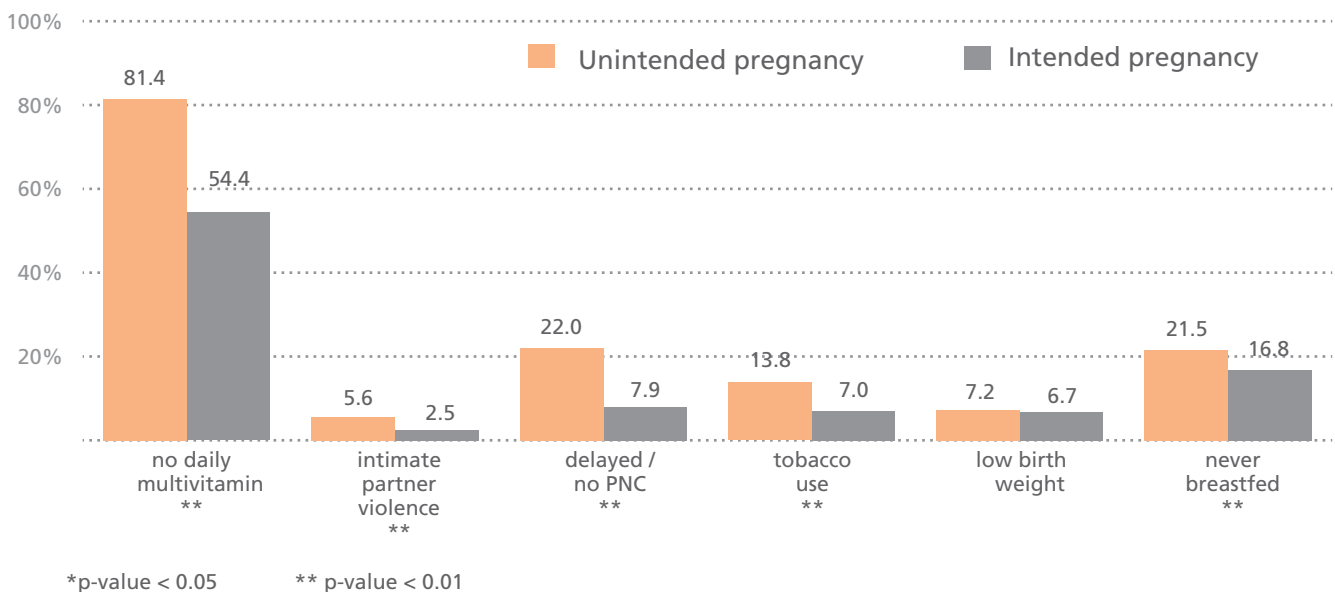


Risk Behaviors and Outcomes by Pregnancy Intention, 2009-2011

Mothers who had an unintended pregnancy, compared to mothers who had an intended pregnancy, were significantly (p-value less than 0.05) more likely to report that:

- They did not take multivitamins daily prior to pregnancy (81.4% vs. 54.4%).
- They experienced intimate partner violence during the 12 months before or during pregnancy (5.6% vs. 2.5%).
- They had delayed or no prenatal care (PNC) (22.0% vs. 7.9%).
- They used tobacco during their pregnancy (13.8% vs. 7.0%).
- They never breastfed their baby (21.5% vs. 16.8%). (Figure 3)

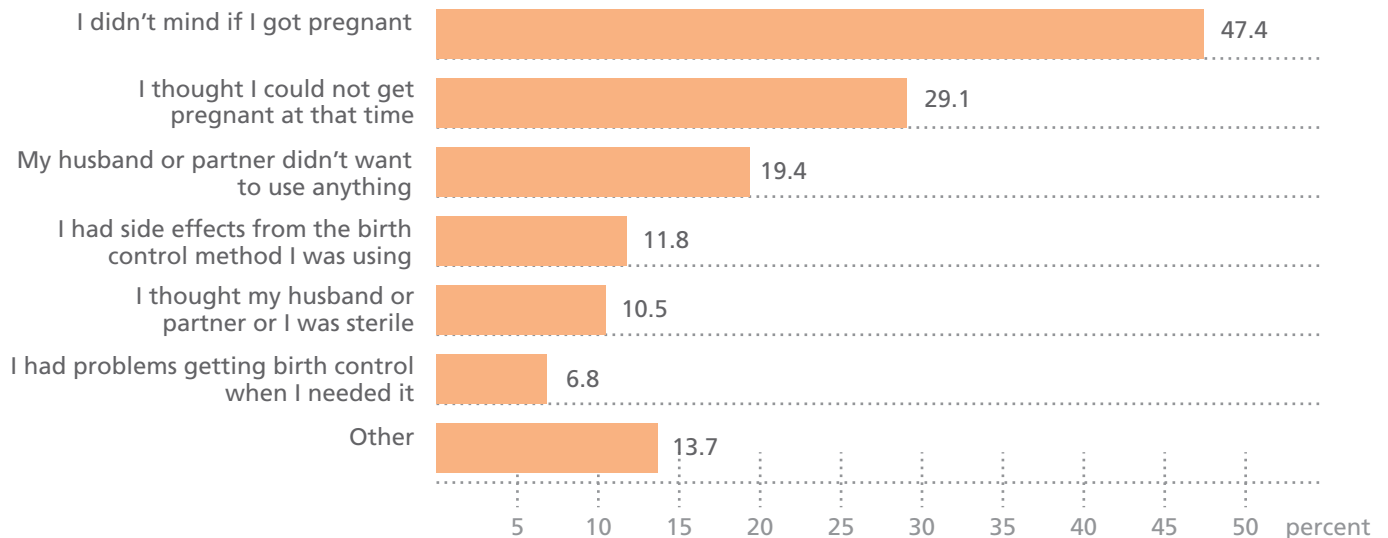
FIGURE 3: RISK BEHAVIORS AND OUTCOMES BY PREGNANCY INTENTION, RHODE ISLAND, 2009-2011



Reasons for Not Using Birth Control, 2009-2011

Among women who were not trying to get pregnant, 49.7% did not use birth control at the time of pregnancy. Of those, the most common reasons for not using birth control were: they did not mind if they got pregnant (47.4%), they thought they could not get pregnant at that time (29.1%), and their husbands or partners did not want to use anything to prevent pregnancy (19.4%) (Figure 4).

FIGURE 4: REASONS FOR NOT USING BIRTH CONTROL, RHODE ISLAND, 2009-2011



References

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- Centers for Disease Control and Prevention (CDC). CPONDER—CDC's PRAMS On-line Data for Epidemiologic Research. Available from: <http://apps.nccd.cdc.gov/cPONDER>
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