PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
A survey for healthier babies in New Jersey

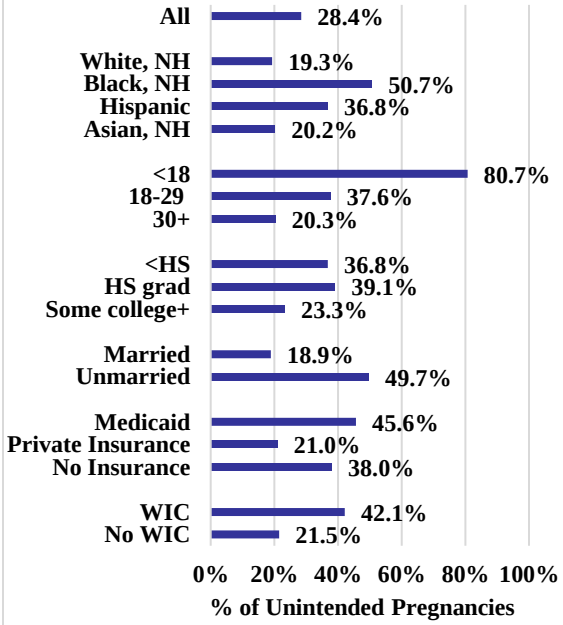
NJ-PRAMS is a joint project of the New Jersey Department of Health and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. One out of every 50 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. Between 2002 and 2017, almost 24,000 mothers were interviewed with a 70% response rate.

Unintended Pregnancies Among Mothers in New Jersey

Almost half (45%) of the 6.1 million pregnancies each year in the United States (US) are reported to be unintended. Births resulting from unintended pregnancies are associated with many negative health and economic outcomes. In 2010, the public cost of births resulting from unintended pregnancies was approximately $21 billion (includes costs for prenatal care (PNC), labor and delivery, postpartum care, and 1 year of infant care). Negative maternal outcomes associated with unintended pregnancy include delayed PNC, reduced likelihood of breastfeeding, increased risk of depression, and increased risk of physical violence during pregnancy. Adverse birth outcomes resulting from unintended pregnancies include birth defects, premature birth, and low birth weight. According to Healthy People 2020, the percent of intended pregnancies among females aged 15-44 years was 54.7% in 2011, and the target for 2020 is 56%. A higher proportion of unintended pregnancies occur among adolescents (aged 15-19 years), young women (aged 20-24 years), women with lower levels of educational attainment and income, and women who are considered racial or ethnic minorities. According to the CDC, the most effective methods to prevent unintended pregnancy include long-acting reversible contraceptives such as intrauterine devices (IUDs) and contraceptive implants. Moderately effective contraceptive methods include pills, the patch, the ring, and injections. Less effective birth control methods include condoms and the withdrawal method.

New Jersey's PRAMS survey asks recent mothers about their pregnancy intentions just before they became pregnant with their new baby. The pregnancy is considered unintended if the mother responds, "I wanted to be pregnant later" or "I didn't want to be pregnant then or at any time in the future." Although PRAMS data refers only to the subset of pregnancies that result in a birth, they are an important indicator of behaviors related to reproductive health and choice.

Figure 1. Unintended Pregnancies by Maternal Characteristics in New Jersey, 2012-2017



Source: NJ PRAMS 2012-2017

Unintended Pregnancies by Maternal Characteristics

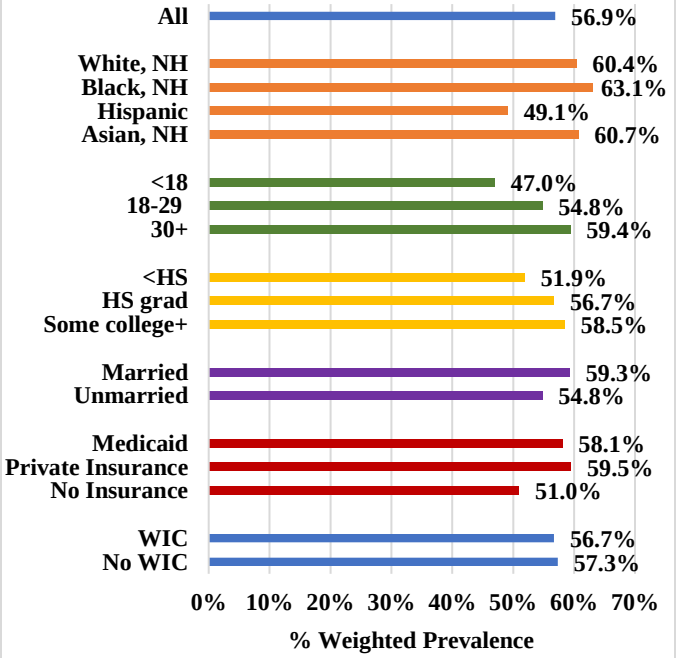
Almost one out of every three births (28.4%) in New Jersey are considered unintended. Unintended pregnancies were more common among mothers who were Black, Non-Hispanic (NH) (50.7%), less than 18 years of age (80.7%), high school graduates (39.1%), unmarried (49.7%), used Medicaid prior to pregnancy (45.6%), and participated in WIC (42.1%) (Figure 1.)

No Pregnancy Prevention at Conception

More than half (56.9%), of women who were not trying to get pregnant at the time of conception were also not doing anything to prevent pregnancy. No pregnancy prevention was most common among mothers who were Black, NH (63.1%), 30+ years of age (59.4%), had some college education or more (58.5%), were married (59.3%), and used private insurance before pregnancy (59.5%) (Figure 2). The top three reasons reported for not doing anything to prevent pregnancy were, "I didn't mind if I got pregnant" (51.1%), "I thought I could not get pregnant at that time" (27.0%), and "My husband or partner didn't want to use anything" (14.6%) (Table 1).

Prepared by MCH Epidemiology, March 2019

Figure 2. No Pregnancy Prevention Among Women Who Were Not Trying to Get Pregnant at Time of Conception in New Jersey, 2012-2017



Source: New Jersey PRAMS 2012-2017

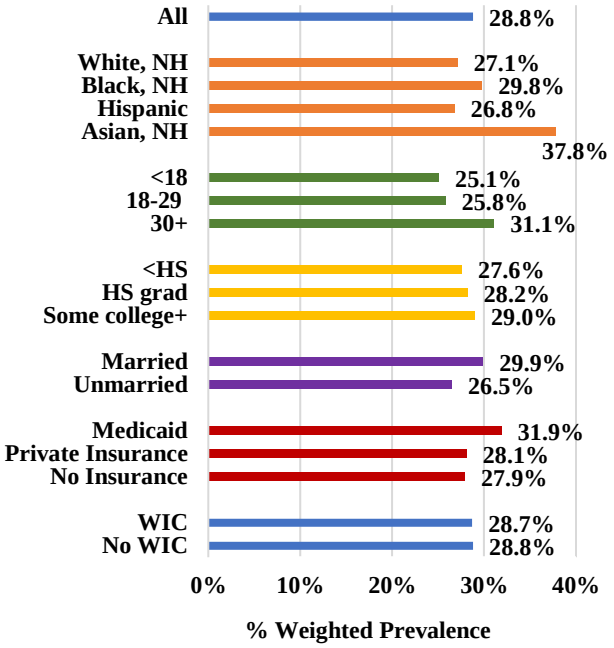
Table 1. Reasons for No Prevention of Pregnancy Among Women Who Were Not Trying to Get Pregnant at Time of Conception

Standard PRAMS Indicator	New Jersey % 2012-2017
I didn't mind if I got pregnant	51.1
I thought I could not get pregnant at that time	27.0
My husband or partner didn't want to use anything	14.6
Other	13.3
I had side effects from the birth control method I was using	8.5
I forgot to use a birth control method	7.7
I thought my husband or partner or I was sterile (could not get pregnant at all)	5.8
I had problems getting birth control when I needed it	3.6

No Prevention of Pregnancy Postpartum

Almost one in three mothers (28.8%) did not use any method of birth control postpartum. No prevention of pregnancy was most prevalent among mothers who were Asian, NH (37.8%), 30+ years of age (31.1%), married (29.9%), and utilized Medicaid before pregnancy (31.9%) (Figure 3). The top three reasons for not doing anything to prevent pregnancy postpartum were, "I don't want to use birth control" (30.5%), "I am not having sex" (27.7%), and "I am worried about side effects from birth control" (27.4%) (Table 2).

Figure 3. No Method of Birth Control Use at Postpartum by Maternal Characteristics in New Jersey, 2012-2017



Source: New Jersey PRAMS 2012-2017

Birth Control Methods Used Postpartum

Of the methods of birth control utilized in the postpartum period, 39.6% of mothers reported using less effective contraceptives (condoms and the withdrawal method). About one-third (33.6%) used moderately effective methods of contraception (injection/pill/patch/ring) while only 10.8% used highly effective, long-acting reversible contraceptives (LARC's) (implant or IUD). Permanent methods of contraception (tubes tied/blocked or vasectomy) were also used by 10.8% of mothers, and abstinence was used by 4.2% (Table 3).

After adjusting for race/ethnicity, age, education, marital status, parity and WIC status, mothers who utilized **Medicaid** for postpartum insurance were **50% more likely** to use **no method of birth control** in the postpartum period compared to mothers who utilized private insurance during this time.

Table 2. Reasons for No Pregnancy Prevention Among Postpartum Women

Standard PRAMS Indicator	New Jersey % 2012-2017
I don't want to use birth control	30.5
I am not having sex	27.7
I am worried about side effects from birth control	27.4
I want to get pregnant	16.0
My husband/partner doesn't want to use anything	9.4
I had my tubes tied or blocked	8.4
I have problems paying for birth control*	4.8
I have problems getting birth control when I need it+	3.0
I am pregnant now	1.3

* Question introduced in Phase 8, 2016
+ Question available in Phase 7, 2012-2015

Table 3. Methods of Birth Control Used at Postpartum

	New Jersey % 2012-2017
Less effective (condoms, withdrawal)	39.6
Moderately effective (injection, pill, patch, ring)	33.6
Highly effective [long acting reversible contraceptives (LARCs) (implant, IUD)]	10.8
Permanent (tubes tied/blocked, vasectomy)	10.8
Abstinence	4.2
Least effective (natural family planning)	1.0

Agenda for Action

Even though NJ's unintended pregnancy rate has decreased in the last decade, the fact that unintended pregnancies are still an issue cannot be dismissed. Pregnancy intention should be added as a Healthy NJ objective. Currently, pregnancy intention is only a national goal (Healthy People 2020).

Family planning efforts that can help reduce unintended pregnancy include increasing access to contraception, especially the highly effective, long-acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs) and contraceptive implants, followed by moderately effective contraceptives such as oral contraceptive pills, the patch, the ring, and the Depo-Provera shot. Increasing the correct and consistent use of contraceptive methods overall is another important step to reducing the unintended pregnancy rate. Preconception and interconception care should also be integrated into every primary care visit for women of reproductive age. Providers should encourage patients to develop a reproductive life plan and educate them about how their plan impacts contraceptive and medical decision-making. Special attention needs to be paid to the Medicaid population as they are most at risk for not using a birth control method in the postpartum period.

More public health efforts are needed to provide mothers with information regarding:

- The possibility of getting pregnant during the postpartum period and ways to prevent it.
- The correct and consistent use of pregnancy prevention methods if they do not intend to become pregnant.
- The importance of preconception and interconception counseling.

Resources

HealthyPeople.gov – Family Planning
https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning

Guttmacher Institute - Unintended Pregnancy in the United States
https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states

Centers for Disease Control and Prevention – Unintended Pregnancy Prevention
https://www.cdc.gov/reproductivehealth/unintendedpregnancy/index.htm

CDC Evidence Summary: Prevent Unintended Pregnancy
https://www.cdc.gov/sixeighteen/pregnancy/index.htm

The American College of Obstetricians and Gynecologists – Birth Control (Contraception): Resource Overview - https://www.acog.org/Womens-Health/Birth-Control-Contraception

National Family Planning & Reproductive Health Association - https://www.nationalfamilyplanning.org/

New Jersey Family Planning League - https://njfpl.org/

Contact NJ PRAMS: Sharon.Cooley@doh.nj.gov
https://www.nj.gov/health/fhs/maternalchild/mchepi/prams/

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