PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

A survey for healthier babies in New Jersey

Births from Unintended Pregnancy In New Jersey

Unwanted and mistimed pregnancies have important consequences for the health of children and mothers and the well-being of families, whether those pregnancies result in birth or are terminated. The negative effects of childbirth at inappropriate ages or with inadequate spacing are well documented (see *Resources*).

New Jersey's PRAMS survey asked recent mothers about their intentions at the time they became pregnant. These questions allow us to explore two types of *unintended* pregnancies: *mistimed* pregnancies (response: "I wanted to be pregnant later") and *unwanted* pregnancies ("I didn't want to be pregnant then or any time in the future"). While these data refer only to the subset of all pregnancies that result in a birth, they are an important indicator of behaviors related to reproductive health and choice.

Overall, an estimated one out of every three recent births in New Jersey were either mistimed (26%) or unwanted (8%) pregnancies, accounting for tens of thousands of births each year. The exhibits presented here demonstrate that such pregnancies are distributed across a broad spectrum.

o Alarmingly high proportions of births were reported as unintended by unmarried mothers (70%, Figure 1), teens (75%) and those age 20-24 (54%).

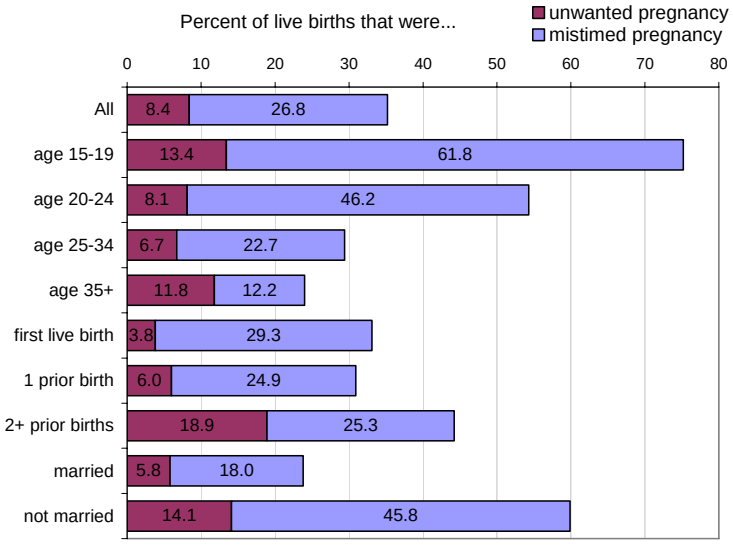
NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 48 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. ▫ From 2002 to 2006, 9,674 mothers were interviewed with a 72% response rate.

o In addition, the figures speak to general shortfalls in access to comprehensive family planning services. Mistimed pregnancies were almost one in four (23%) among women aged 25-34. These women in the most typical and safest years for childbearing averaged at least 13,000 births from mistimed pregnancies each year (Population Estimates).

o Starting a family according to a set plan is not easy—29% of births that were the mother's first were reported mistimed.

o As women age or complete their plans for family size, the share of unwanted pregnancies increases: 19% of women who already had two children reported an unwanted pregnancy, accounting for the majority of unwanted births— about 5,000 each year.

Figure 1. Unintended Pregnancy Resulting in Live Birth



Population Estimates for Live Births from Unintended Pregnancy

	mistimed pregnancy	unwanted pregnancy
	estimated annual births	
All	23,740 - 26,075	7,319 - 8,781
Mother age 15-19	3,753 - 4,705	698 - 1,126
Mother age 25-34	13,005 - 14,627	3,611 - 4,504
First live birth	12,174 - 13,751	1,390 - 1,976
2+ prior live births	6,482 - 7,682	4,793 - 5,807
Private insurance before pregnancy	14,009 - 15,738	3,781 - 4,719
Household income over 350% Federal poverty level	8,146 - 9,865	2,025 - 2,945
HH income under/near 200% FPL	13,437 - 15,430	4,447 - 5,683
white, not Hispanic	8,484 - 9,938	2,278 - 3,077
black, not Hispanic	4,879 - 5,680	2,123 - 2,700
US-born Hispanic	5,221 - 6,175	1,004 - 1,482
Foreign-born Hispanic	4,079 - 4,966	952 - 1,443
Asian, not Hispanic	1,744 - 2,146	476 - 720
Other foreign-born	1,635 - 2,306	603 - 1,028

One major factor contributing to unintended pregnancy is the misuse or inconsistent use of contraception. Roughly 12,000 births from mistimed pregnancies and 4,000 births from unwanted pregnancies each year were to women who said they had been using contraception (PRAMS does not ask which methods or how frequently they were used).

Unintended pregnancy is moderately related to socioeconomic factors, but they are not determinative:

o In spite of much higher incidence of unintended pregnancy among unmarried women (Figure 1), married women averaged more than 12,600 mistimed and 3,800 unwanted births per year.

o The proportion of mistimed and unwanted pregnancies was higher among women without college education, and those who were black or Hispanic (Figure 2). Nevertheless, white mothers accounted for more unintended pregnancies than other groups, as did college educated mothers (Population Estimates).

Figure 3. Perinatal Health Behaviors and Unintended Pregnancy

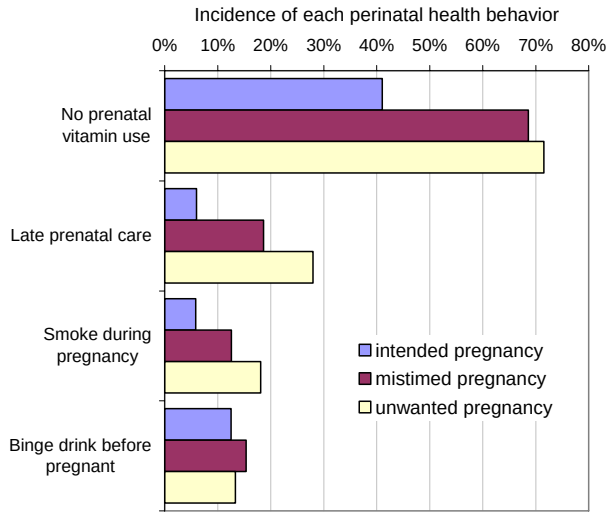


Figure 4: Unmet Need for Birth Control

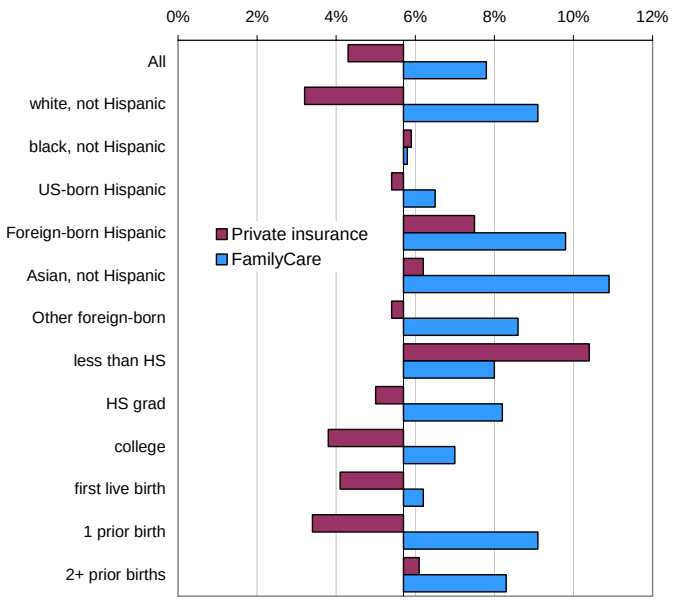
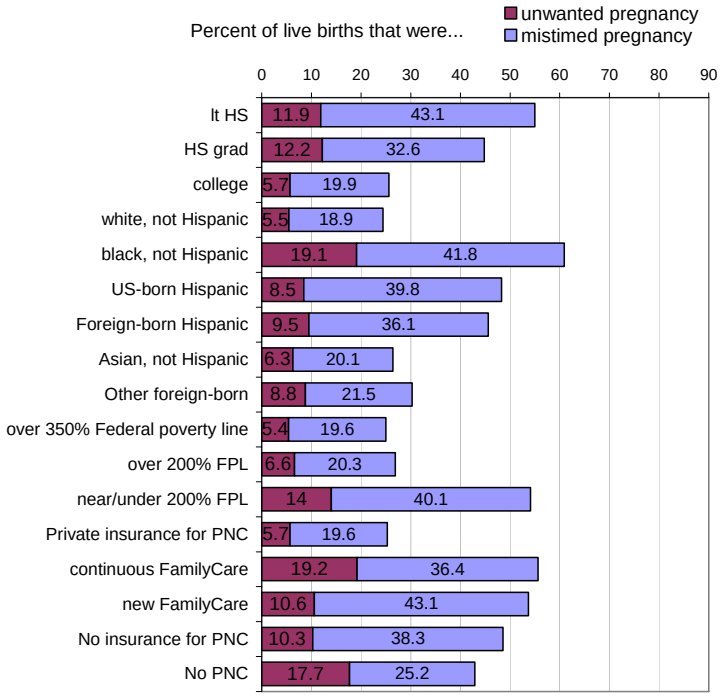


Figure 2. Unintended Pregnancy Resulting in Live Birth



o Mothers with household incomes near 200% of the Federal poverty level or less had higher incidence of unintended pregnancy— over half of such births. Yet around 10,000 unintended pregnancy births each year are to mothers at more than 350% of poverty income.

o Women without health insurance or enrolled in NJ FamilyCare had higher incidence of unintended pregnancy. Since two thirds of all mothers had private insurance, however, that group accounted for almost half of births from unintended pregnancy.

Unintended pregnancies are often discovered later, and women are in general less prepared for a healthy pregnancy. Among New Jersey women (Figure 3), births from unintended pregnancies were more likely to start prenatal care after the first trimester, and less likely to take vitamins before conception. Furthermore, mothers with unintended pregnancies were more likely to smoke during pregnancy and engage in binge drinking in the months prior to conception (primarily among younger mothers).

Effective family planning includes the resumption of birth control. This issue should be addressed by the OB/GYN provider no later than the six-week maternal check-up. In Figure 4 we consider any post-partum woman who does not want to become pregnant, is not using birth control, and either did not have a post-partum check-up or the subject was not addressed to have an *unmet need for birth control advice*. Women in FamilyCare were at highest risk: an estimated 1,900–2,700 FamilyCare participants experienced this unmet need each year. (See the PRAMS Data Brief on post-partum care.)

Agenda for Action

The right of women to have the desired number of children at chosen times is endorsed by many nations and international health organizations, and contributes to the health of mothers and newborns. One *Healthy People 2010* goal is to reduce unintended pregnancies to 30% of all pregnancies. In New Jersey, births from mistimed pregnancy are more prevalent in every social stratum than is appreciated or desirable.

Improving access to comprehensive contraceptive services is one important response to the high rates of unintended pregnancy illuminated by PRAMS. Such services promote use the most reliable methods and improve education about effective contraceptive use.

Prospective parents and their health care providers also need to adopt the orientation that family planning and preparedness for pregnancy are essential to newborn health. To support that orientation, health services for women of child bearing years need to put more emphasis on preconception and interconception time periods to promote healthier lifestyle behaviors and better nutrition.

Finally, we need to continue to monitor systems of health insurance and health care delivery to ensure timely access to prenatal services.

Resources

Alan Guttmacher Institute, publications page. http://www.guttmacher.org/sections/

Kost K, Landry DJ, Darroch JE (1998). The effects of pregnancy planning status on birth outcomes and infant care. *Family Planning Perspectives*, 30(5): 223-230.

Family Planning Resource Guide - General Information. ACOG Webpage: http://www.acog.org/departments/dept_notice.cfm?recno=18&bulletin=4186

The Association of Reproductive Health Professionals (ARHP). Contraception Resource Center, Clinician support resources: http://www.arhp.org/healthcareproviders/resources/contraceptionresources/clinicalinformation.cfm

Centers for Disease Control and Prevention, pages on unintended pregnancy prevention: http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception.htm

A Guide to Family Planning Services in New Jersey. www.state.nj.us/health/fhs/children/familyplan.shtml. Perinatal Health Services Program, New Jersey Dept. of Health and Senior Services. (609) 292-5616

Contact NJ-PRAMS

http://www.nj.gov/health/fhs/professional/prams.shtml

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