NORTH CAROLINA PRAMS FACT SHEET

March 2009

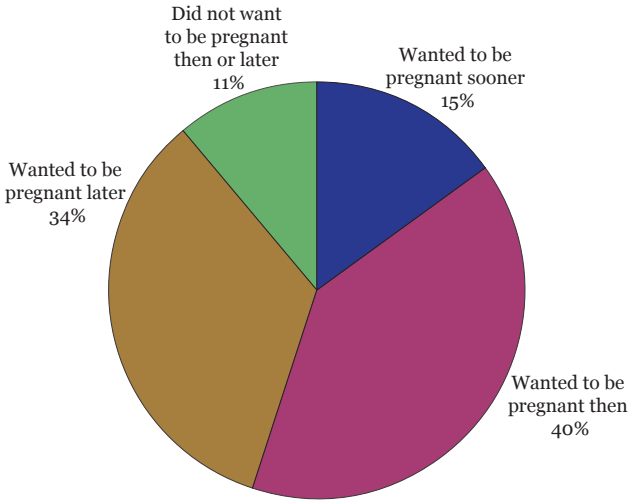
Unintended Pregnancies

2004–2006 N.C. Pregnancy Risk Assessment Monitoring System (PRAMS)

- In the United States in 2001, of pregnancies identified as unintended (or unplanned) 44 percent ended in live births, 42 percent in abortions, and 14 percent in miscarriages.[1]
- PRAMS data for 2004 through 2006 showed that approximately 45 percent of live births in North Carolina were the result of unintended pregnancies.
- For this report, the data on unintended pregnancies are for live births where women responding to the PRAMS survey reported that they wanted to be pregnant later or not at all.
- The Healthy People 2010 goal is that 70 percent of all pregnancies should be intended. North Carolina is presently far from achieving this goal, with only 55 percent of pregnancies resulting in live births being intended.
- Women younger than 20 years of age, African-American women, women with less than or equal to a high school education, and women who received Medicaid were more likely to report an unintended pregnancy in North Carolina during 2004–2006.
- The United States has the highest rate of pregnant teens among developed countries. About 1 million teens become pregnant each year; 80 percent of those pregnancies are unintended.[2] According to the NC PRAMS survey, approximately 70 percent of teen pregnancies in North Carolina are unintended, and teens account for one in six of all unintended pregnancies annually.
- Five out of six unintended pregnancies in North Carolina are to women over 20 years of age, so efforts to reduce unintended pregnancies need to include these older women too.
- Unintended pregnancy rates vary among racial groups: 63 percent of African-American women reported they had their babies as the result of unintended pregnancies, compared to 38 percent of white women. Hispanic women also reported a high rate of unintended pregnancy (48%).
- Women with a high school diploma or less education were much more likely to report an unintended pregnancy than women who had at least some college education.
- Sixty-seven percent of unmarried women indicated their pregnancies were unintended, compared to 32 percent of married women.
- Sixty-three percent of women who started prenatal care late in their pregnancies reported that their pregnancies were unintended, compared to 41 percent of those who began prenatal care earlier.
- Among women with unintended pregnancies, smaller proportions:
  - Took a multivitamin every day during the month before becoming pregnant (17 percent, compared to 40 percent of intended);
  - Had health insurance before the pregnancy (42 percent, compared to 65 percent of intended);
  - Were breastfeeding at the time of the survey (42 percent, compared to 53 percent of intended); and
  - Were in the $50,000 or more household income bracket (15 percent, compared to 43 percent of intended).
- Among women with unintended pregnancies, larger proportions:
  - Were Medicaid recipients just before pregnancy, during pregnancy, or at delivery (72 percent, compared to 40 percent of intended);
  - Were WIC recipients (62 percent, compared to 35 percent of intended); and
  - Smoked during the three months before pregnancy (30 percent, compared to 19 percent of intended).

Intendedness of Pregnancy Reported by New Mothers—NC PRAMS 2004–2006

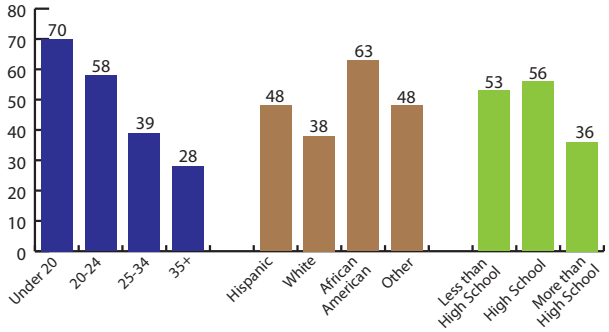
PRAMS Survey Question: Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?



- Women who responded "I wanted to be pregnant later" and "I didn't want to be pregnant then or at any time in the future" are counted as having an unintended pregnancy, while women who answered "I wanted to be pregnant sooner" or "I wanted to be pregnant then" are counted as having an intended pregnancy.
- In North Carolina, approximately one in three new mothers (34%) reported that they wanted to be pregnant later and more than one in ten (11%) did not want to be pregnant at that time or later.
- If an unintended pregnancy occurs and is carried to term, the birth may be a wanted one, but the pregnancy would be classified as unintended (Healthy People 2010).
- About four in ten unintended pregnancies in the United States are terminated by abortion.[1] North Carolina abortions account for 17 percent of all reported pregnancies, and it may be assumed that the vast majority of these pregnancies resulting in abortions are unintended.

- The percentage of unintended pregnancy decreases with age. For teenage mothers (under age 20) having a live birth, 70 percent reported that their pregnancies were unintended.
- Unintended pregnancy rates differ by race and ethnicity. African American women have a much higher unintended pregnancy rate than women of other racial/ethnic groups.
- Unintended pregnancy rates also vary by education. Mothers with more than a high school education have lower rates of unintended pregnancy than women with a high school diploma or less.

Percentage of North Carolina Mothers Reporting Unintended Pregnancies by Age, Race/Ethnicity, and Education— NC PRAMS 2004–2006



Note: The White, African American, and Other race groups shown here exclude women of Hispanic ethnicity.

North Carolina Pregnancies — Use of Birth Control

- Among women who said that they were not trying to get pregnant with this baby: 48 percent reported that they were doing something to keep from getting pregnant and 52 percent said that they were not.
- Twelve percent of the women responding to the PRAMS survey (three to six months after birth) reported that they were not doing anything at the time of the survey to keep from getting pregnant.
- The number of unintended pregnancies may be lessened as a wider range of birth control choices becomes available. This also may help decrease abortion rates and pregnancy-associated health risks. It is highly recommended by experts in the reproductive health field that women be offered and placed on the highest level of protection, which may be a long-acting reversible contraceptive that is more effective and has less chance for patient error. This will help decrease the potential for an unintended pregnancy while on a contraceptive method.
- Improved contraceptive choices, such as intrauterine devices (IUDs), are becoming highly popular and widely available in the United States. The IUD is as effective as tubal sterilization, but it is less expensive, safer, more convenient, and immediately reversible.[3]

Why Do Unintended Pregnancies Matter?

- Unintended pregnancies are by definition unplanned, which means these women may be entering pregnancy with behavioral risks, genetic risks, and unmanaged chronic conditions that affect their health and the health of their babies.
- Mothers with unintended pregnancies are less likely to adopt healthy behaviors during pregnancy (such as avoiding illegal drugs, tobacco, or alcohol). In addition, they are less likely to seek prenatal care in the first trimester.
- Mothers with unintended pregnancies have a greater risk of delivering low birth weight babies or babies who die before their first birthdays.[4]
- Mothers with unintended pregnancies are at greater risk of physical abuse, and their relationships with their partners are at greater risk of ending.[5]
- Mothers ages 35 years and over are at increased risk when they have unintended pregnancies. These risks may include but are not limited to: dysfunctional labor, C-section, gestational diabetes, and hypertension. The fetus may be at increased risk for low birth weight, stillbirth, and chromosome abnormalities.[6]

What Can Be Done?

- Screen women of reproductive age about their pregnancy intentions at all clinical encounters and offer contraceptive options where appropriate.[7]
- Screen and counsel men and women of reproductive age about risk behaviors, genetic conditions, and infectious and chronic diseases.
- Educate providers and the public about the risks of unintended pregnancy.
- Improve knowledge about using contraceptives and make them easily available.
- Encourage men and women to talk with their health care provider about creating a reproductive life plan.
- Support publicly funded family planning services, which prevent each year in the United States nearly two million unintended pregnancies, including more than 800,000 abortions, by providing voluntary contraceptive services to young and low-income women.[8]

What North Carolina Mothers Said About Their Unintended Pregnancies:

Doctors said I could not get pregnant.

I was on birth control (the ring).

I don't believe in doing anything to stop from having children.

We had used condoms except one time!

My husband did not want to use anything.

References:

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4. Santelli J, Rochat R, Hatfield-Timajchy K, et al. The measurement and meaning of unintended pregnancy: a study of the concept of unintended pregnancy and its role in the fertility of populations. *Perspectives on Sexual and Reproductive Health*, March–April 2003, at http://findarticles.com/p/articles/mi_m0NNR/is_2_35/ai_100736173.
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6. Kost K, Landry DJ, Darroch JE. Predicting maternal behaviors during pregnancy: does intention status matter? *Family Planning Perspectives* 1998;30(2):79–88.
7. Johnson K, Posner SF, Biermann J, et al. Recommendations to improve preconception health and health care: United States. *Morbidity and Mortality Weekly Report* 2006;55: 1–23.
8. Gold RB, Sonfield A, Richards, CL, Frost JJ. *Next Steps for America's Family Planning Program*. New York: Guttmacher Institute, 2009.

What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS), funded by the Centers for Disease Control and Prevention, is an ongoing, state-specific, population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Developed in 1987, PRAMS was designed to supplement vital records by providing state-specific data on maternal behaviors and experiences to be used for planning and assessing perinatal health programs. Currently conducted in 37 states, New York City and South Dakota (Yankton Sioux Tribe), PRAMS covers 75 percent of U.S. births.

NC PRAMS is a random, stratified, monthly mail/telephone survey of North Carolina women who recently delivered a live-born infant. Data collection began in North Carolina on July 1, 1997, and PRAMS data have been collected every year since that time. Each month around 180 women are selected from the provisional live birth file and are contacted to try to complete an interview approximately three to six months after giving birth. All estimates are weighted to reflect the entire population of North Carolina women who gave birth in each year.

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