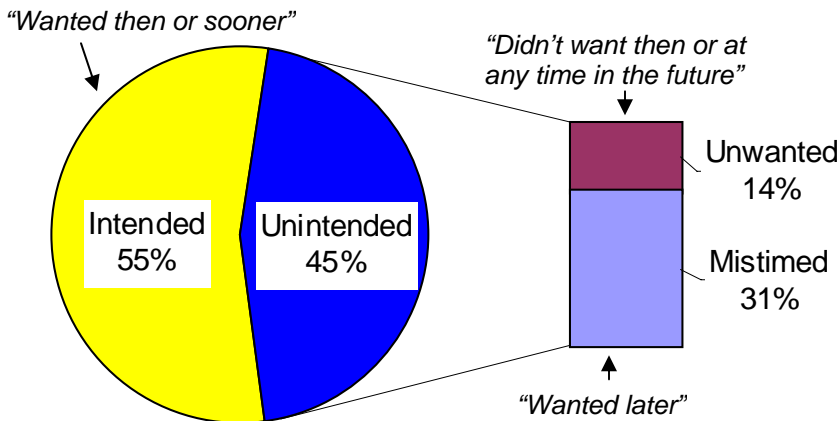




Importance of Pregnancy Intention

When pregnancies are intended and planned, there is greater opportunity and motivation for women and their partners to adopt or maintain positive health behaviors, often leading to improved infant outcomes.¹ Thus, a national Healthy People 2010 goal is to increase the proportion of intended pregnancies to 70%. Using three years of Hawai'i PRAMS (2004-2006), 55% of all pregnancies resulting in a live birth are intended as defined by wanting the pregnancy at the time of occurrence or sooner. The remaining 45% are considered unintended pregnancies and are comprised of mistimed (31%) and unwanted pregnancies (14%). While there has been a slight increase in the overall unintended rate in Hawai'i since 2000, the composition of unwanted versus mistimed pregnancies has changed; specifically, unwanted pregnancies have increased from 8% to 14% while mistimed pregnancies have declined from 35% to 31%.

Pregnancy Intention, Hawai'i PRAMS 2004-2006



"I prolonged seeking prenatal care because I needed time to decide whether or not I wanted to keep my baby. Unplanned pregnancies are extremely stressful because you have little time to consider how you would care for a child, support yourself, and change the environment you've surrounded yourself in."

--Hawai'i PRAMS Participant

About the Data

The **Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS)** is a self-reported survey of recent mothers conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, about 2,000 women who deliver a live infant are randomly selected to participate. The estimates of pregnancy intendedness presented in this report may be different than other reports that include pregnancies that end in abortion, miscarriage, or fetal deaths in calculating the unintended rate.

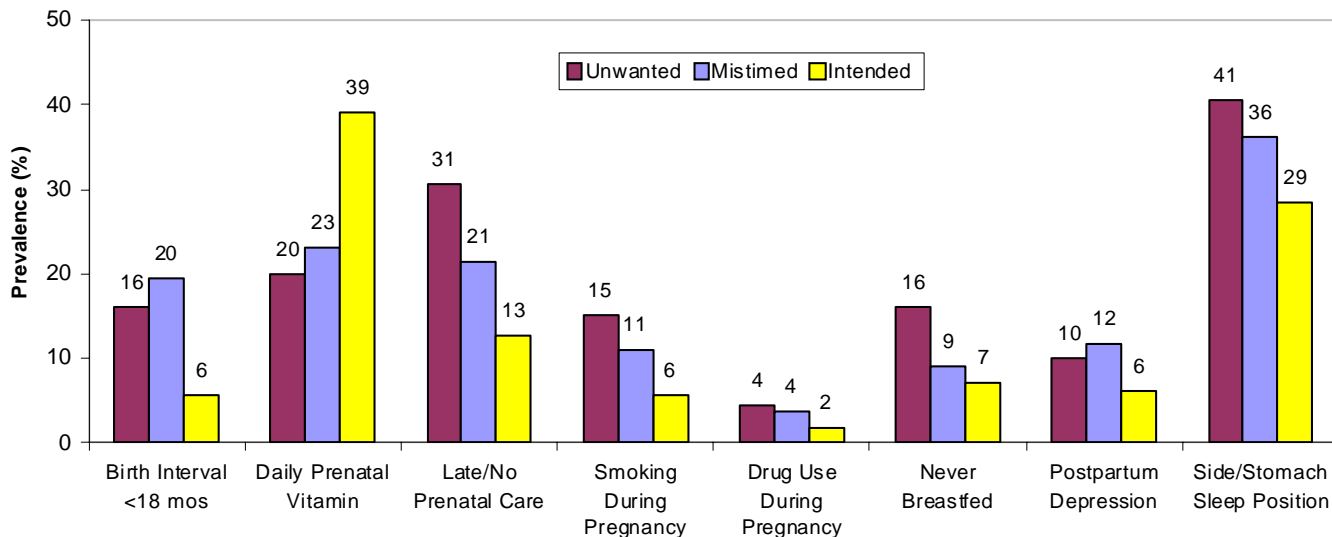
Suggested Citation

Schempf A, Hayes D, Calhoun C, Fuddy L. "Unintended Pregnancy Fact Sheet." Honolulu, HI: Hawai'i Department of Health, Family Health Services Division; September 2008.

Factors Associated with Unintended Pregnancy

There are a number of socio-demographic risk factors associated with an unintended pregnancy. In Hawai'i, women who were more likely to have an unintended pregnancy were Black, Hispanic, Hawaiian, Samoan, other Pacific Islander or Filipino, younger in age, less educated, unmarried, of higher parity, had Medicaid/QUEST insurance or were uninsured before pregnancy, and lived in Hawai'i County (see chart on Maternal Characteristics). In 2006, the Medicaid/QUEST program spent approximately \$10.9 million dollars delivering the 779 births that were estimated to be unwanted (14% unwanted of 5,566 total Medicaid births x average hospital charges of \$14,004 for mom/newborn pair).²

Perinatal Health Behaviors and Outcomes by Pregnancy Intention, Hawai'i PRAMS 2004-2006



Consequences of Unintended Pregnancy

Pregnancies that are unintended are more likely to result in adverse health behaviors and outcomes before, during, and after pregnancy.¹ Women with unintended pregnancies in Hawai'i were more likely to have a short birth interval and less likely to be taking daily vitamins before pregnancy. They were more likely to obtain late or no prenatal care and to smoke or use drugs during pregnancy. Even after birth of the infant, women with unintended pregnancies were more likely to never breastfeed, experience postpartum depression, and place their infants on their stomach or side to sleep (a major risk factor for sudden infant death).

"I was breastfeeding and thought I wouldn't get pregnant."

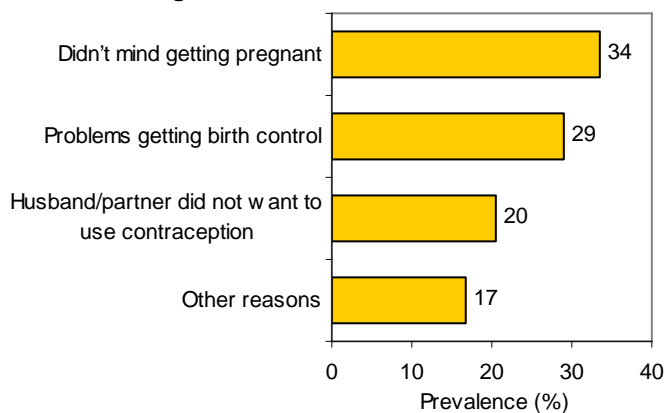
"I couldn't afford birth control - my medical insurance doesn't cover contraceptives."

-- Hawai'i PRAMS Participants

Contraceptive Use when Became Pregnant Among Unintended Pregnancies

Unintended pregnancies can be prevented through the use of effective contraception. A national Healthy People 2010 goal is to increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception to 100%. In 2002, Hawai'i ranked at the bottom of the 27 states that conducted PRAMS in the prevalence of contraceptive use among women with an unintended pregnancy.³ However, the prevalence of contraceptive use among unintended pregnancies has increased from 42.7% in 2000 to 52.2% in 2006. The most frequent reasons provided for not using contraception among unintended pregnancies were not minding to get pregnant, problems getting birth control, husband/partner not wanting to use contraception, and other reasons (e.g. side effects, didn't think could get pregnant).

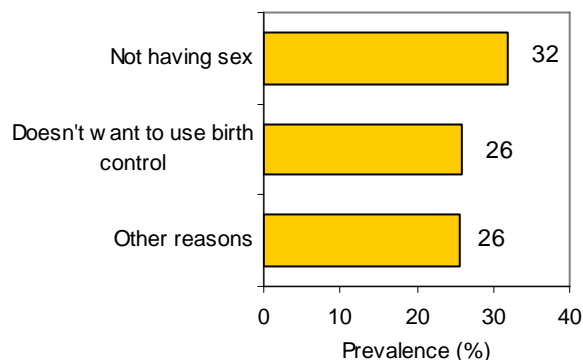
Reasons for Not Using Contraception When Became Pregnant Among Unintended Pregnancies, Hawai'i PRAMS 2004-2006



Postpartum Contraceptive Use

Sufficient spacing of births helps to promote optimal maternal and infant health outcomes. In 2002, Hawai'i ranked last among the 27 states that conducted PRAMS in the prevalence of postpartum contraceptive use.³ At 78%, the prevalence of contraception in the 3-6 months postpartum period has not changed since 2000. The most common reasons reported for not using postpartum contraception were not having sex, not wanting to use birth control, and other reasons (e.g. absent partner, breastfeeding, ambivalence).

Reasons for Not Using Postpartum Contraception, Hawai'i PRAMS 2004-2006



Unintended Pregnancy by Maternal Characteristics, Hawai'i PRAMS 2004-2006

Discussion

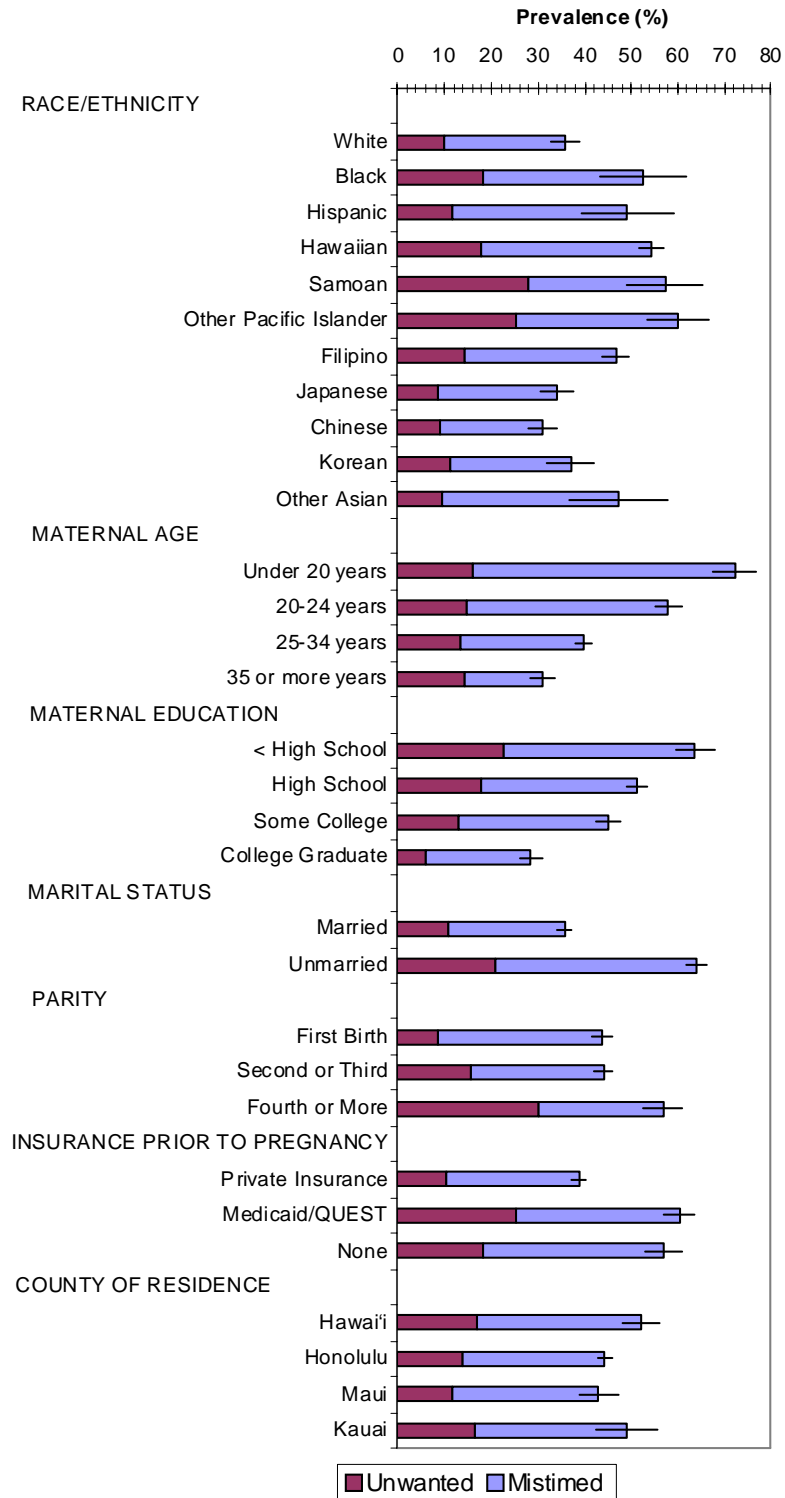
Unintended pregnancies create a substantial health and economic burden for women, children, and society.¹ Given that 52.6% of women with an unintended pregnancy in 2006 were not using contraception, nearly half of unintended pregnancies may be preventable through the introduction of effective methods of contraception.

Several programs support family planning services for underserved populations. The federal Title X grant provides funds directly to clinics to subsidize family planning services for low-income, uninsured, or underinsured women. Partly in response to a report showing Hawai'i to have the largest unmet need for public family planning services,⁴ \$1.2 million dollars in annual state funds were allocated for fiscal years 2007-2009 which doubled the federal Title X monies administered by the Family Health Services Division for family planning services (Act 213, Section 41, 2007). An additional \$0.5M from Temporary Assistance to Needy Families was allocated to promote outreach and awareness of available services. Medicaid is another federal-state partnership that covers medical care and contraceptives for eligible low-income women. However, pregnant women who are 101% to 185% of the federal poverty level are terminated from benefits and services two months after delivering. Recent legislation (Act 2, 2008 Special Session) extends Hawai'i Medicaid/QUEST coverage to 6 months postpartum which should help improve outcomes in this population. Medicaid family planning waivers, which extend contraceptive coverage from 1-5 years postpartum and/or expand income eligibility, have been shown to reduce unintended pregnancies and short birth intervals, with cost savings of \$2.50 for every dollar spent.^{5, 6}

In addition to increased coverage of services, providers should improve contraceptive counseling and education at delivery and in outpatient settings to reduce future unintended pregnancies, dispel myths regarding the inability to become pregnant while breastfeeding or during amenorrhea, and help identify appropriate contraceptive methods for each woman's circumstances and preferences.

References

- ¹ Gipson JD, Koenig MA, Hindin MJ. The effects of unintended pregnancy on infant, child, parental health: a review of the literature. *Studies in Family Planning*. 2008;39(1):18-38.
- ² PRAMS data provided the estimate of unintended pregnancy among Medicaid-insured deliveries; Hospital discharge data furnished by the Hawai'i Health Information Corporation provided the number of Medicaid-insured deliveries and total maternal/newborn charges; Analysis conducted by the Family Health Services Division, HI Dept. of Health.
- ³ Williams L, Morrow B, Shulman H, Stephens R, D'Angelo D, Fowler Cl. *PRAMS 2002 Surveillance Report*. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2006.
- ⁴ Frost JJ, Frohwirth L, Purcell A. The availability and use of publicly funded family planning clinics: U.S. trends, 1994-2001. *Perspectives on Sexual and Reproductive Health*. 2004;36(5):206-215.
- ⁵ Gold RB. Doing more for less: Study says State Medicaid family planning expansions are cost-effective. *The Guttmacher Report on Public Policy*. March 2004.
- ⁶ Foster DG et al. Estimates of pregnancies averted through California's family planning waiver program in 2002. *Perspectives on Sexual and Reproductive Health*. 2006, 38(3):126-131.



Family Planning Provider List

Hawai'i Title X family planning providers operate clinical sites in all counties. For a provider contact list visit:
<http://Hawaii.gov/health/family-child-health/mchb/fp-docs/fp1.html>

For more information contact:

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