What is an unintended pregnancy?

Unintended pregnancies are defined as pregnancies which, at the time of conception, are either mistimed (the woman did not want to be pregnant until later) or unwanted (the woman did not want to be pregnant at any time).

PRAMS asks new mothers: “Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?”

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I did not want to be pregnant then or at any time in the future (“never”).

If a mother answers “later” or “never,” the pregnancy is considered to be unintended.

Why is unintended pregnancy an important issue?

- Research has shown that unintendedness of pregnancy is associated with poor pregnancy outcomes for the infant (such as prematurity).^2,3,4

- An unintended pregnancy can have a negative impact on the mother’s physical, emotional or economic well-being. These can in turn affect the baby and the family.^5,6

- A woman who plans her pregnancy can take steps to become healthier before she conceives, such as:
  - taking folic acid
  - quitting smoking
  - abstaining from alcohol
  - addressing medical conditions.^7

In 2006, unintended pregnancies accounted for 33.4% to 59.5% of pregnancies in the 24 states with PRAMS data reported by the CDC. Nebraska was in the middle, ranked 12th. ^1

According to NE PRAMS, an estimated 40.9% of Nebraska mothers reported unintended pregnancies. This represents an estimated 10,366 births per year during 2004-2007.

NOTE: Unintended pregnancies are not necessarily unwanted pregnancies. PRAMS mothers sometimes write as a comment beside the above question – “Didn’t mind if I got pregnant.” Many women who did not intend to become pregnant find they want the pregnancy once they become aware of it.
Nebraska mothers who had **not intended** to become pregnant.

... had more **risk factors** before pregnancy.

They were **significantly more likely** to have:

- no health insurance or Medicaid coverage just before becoming pregnant.
- experienced physical abuse before pregnancy.

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... had more **high-risk behaviors**.

They were **significantly more likely** to:

- smoke cigarettes before and during pregnancy.
- get inadequate folic acid (vitamins) before pregnancy.
- start prenatal care late (after the first trimester).
- never breastfeed, or quit within the first month.

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... had more **stressful life events**.

They were **significantly more likely** to experience:

- problems with husband or partner such as separation, divorce, or physical abuse during pregnancy.
- financial problems such as losing a job, moving, homelessness, not being able to pay bills.
- behavior problems of their own or someone close to them such as drinking, drugs, physical fights, abuse, jail, illness or death.

**NOTE:** All results described above as "significant" remained significant after statistical adjustment (page 4).
Use of birth control prior to pregnancy of mothers who had not intended to become pregnant...

PRAMS asks mothers: “When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?”

Based on responses to this question it is estimated that nearly half (47.2%) of the 10,366 Nebraska mothers with unintended pregnancies each year had not been doing anything to keep from getting pregnant. The remaining 52.8% had been doing something to prevent the pregnancy, but their contraceptive efforts had failed.

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Group 1: Didn’t use contraception</th>
<th>Group 2: Contraception failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income*</td>
<td>59%</td>
<td>58%</td>
</tr>
<tr>
<td>No post-high school education</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>Smoked before pregnancy</td>
<td>42%</td>
<td>32%</td>
</tr>
<tr>
<td>Previous preterm low birth weight baby</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Teen (under 20)</td>
<td>16%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Low Income is defined as below 185% of Federal Poverty Level

A woman’s intentions about pregnancy can be difficult to capture in a survey. She may have mixed feelings or “ambivalence” about becoming pregnant. She may actually intend NOT to plan her pregnancies. She may not remember accurately how she felt before becoming pregnant.

Among Nebraska mothers who reported that they didn’t intend pregnancy and weren’t using birth control, 30.2% selected “You didn’t mind if you got pregnant” as a reason.

This subset of the unintended pregnancy group represents an estimated 1,450 births annually (14% of all unintended pregnancies) that may not be truly unintended. Women who “didn’t mind” getting pregnant were less likely to be on Medicaid and more likely to have private insurance before pregnancy, less likely to start prenatal care late, more likely to be White or Asian, and less likely to experience stressful events than the others in the unintended group.
The large number of unintended and unplanned pregnancies... 
“... underscores the importance of promoting a woman’s health regardless of her pregnancy plans. A ‘life span’ approach to pregnancy outcome identifies the antecedents of poor perinatal outcome and links behaviors and risks across time, not solely during those periods in which a woman is pregnant.”

Preconception Care Goal: Each woman, man, and couple should be encouraged to have a reproductive life plan.

SOURCES:

Statistical Adjustment:
In order to more accurately portray relationships between risk factors and health outcomes, we used a statistical approach called logistic regression to “adjust” or account for characteristics that might bias our understanding of important relationships.

For example, women without insurance are more likely to have unintended pregnancies, but this may only be because younger women are less likely to intend pregnancy and are less likely to have health insurance. To study the relationship between insurance and intendedness we need to adjust for age.

When we simultaneously adjusted for age, race, marital status and poverty, we found that a significant relationship still existed between intendedness of the pregnancy and each of the factors shown on page 2, with the exception of maternal education and previous preterm or low birth weight birth.

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