

Unintended Pregnancy and Birth Control Use

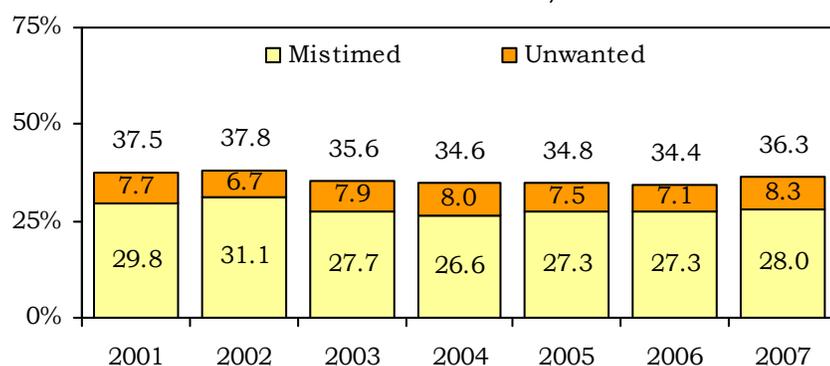


Results from the 2007 Pregnancy Risk Assessment Tracking System

A woman's attitude about her pregnancy influences her behavior and experiences during pregnancy.¹ Women whose pregnancies are unintended are likely to discover their pregnancies later than those with intended pregnancies, and in turn, are less likely to start prenatal care and adopt healthy behaviors in the early stages of pregnancy. Pregnancy intention also affects birth outcomes and maternal behaviors following birth, particularly the decision to breastfeed.² Recognizing this public health burden, the federal government established a national public health goal to dramatically increase the proportion of pregnancies that are intended to 70 percent by 2010. Family planning and effective contraception use have been identified as the key methods to achieving this goal.³

Trends in Unintended Pregnancy

Figure 1. Unintended Pregnancies Among Idaho Mothers,* PRATS 2001-2007



According to PRATS data, over a third (36.3 percent) of the births occurring in 2007 were a result of unintended pregnancy (see Figure 1). Unintended pregnancy is defined as either a *mistimed* pregnancy (wanted to be pregnant later) or an *unwanted* pregnancy (did not want to be pregnant then or at any time in the future). In 2007, 28.0 percent of mothers had a mistimed pregnancy, and 8.3 percent had an unwanted pregnancy. The prevalence of mistimed, unwanted, and total unintended pregnancies have remained relatively steady throughout 2001 to 2007.

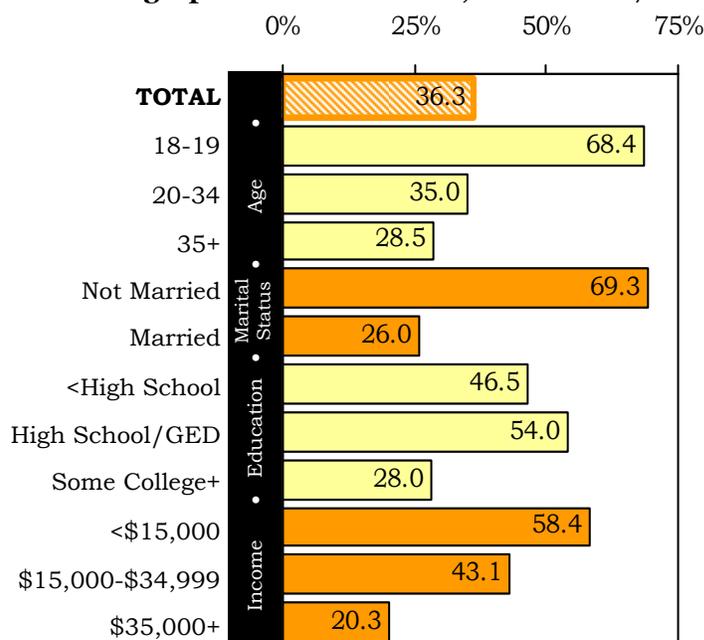
Unintended Pregnancies

Unintended pregnancies were significantly more prevalent among mothers who were 18 or 19 years old, not married, had an educational attainment of high school/GED or less, and an annual household income of less than \$15,000, (see Figure 2).

The prevalence of unintended pregnancies was also significantly higher among:

- Mothers who were uninsured prior to pregnancy versus those who were insured (53.2 percent vs. 26.2 percent).
- Mothers who smoked during pregnancy versus those who did not smoke (72.6 percent vs. 33.0 percent).
- Mothers who experienced physical abuse versus those who did not (54.5 percent vs. 35.5 percent).
- Mothers who never breastfed their baby versus those who breastfed (51.2 percent vs. 34.6 percent).
- Mothers who did not receive prenatal care in the first trimester versus those who did receive first trimester prenatal care (48.6 percent vs. 34.1 percent).
- Mothers who reported moderate or severe postpartum depression versus those who did not report these depression levels (47.6 percent vs. 33.8 percent).

Figure 2. Unintended Pregnancies By Demographic Characteristics, PRATS 2007

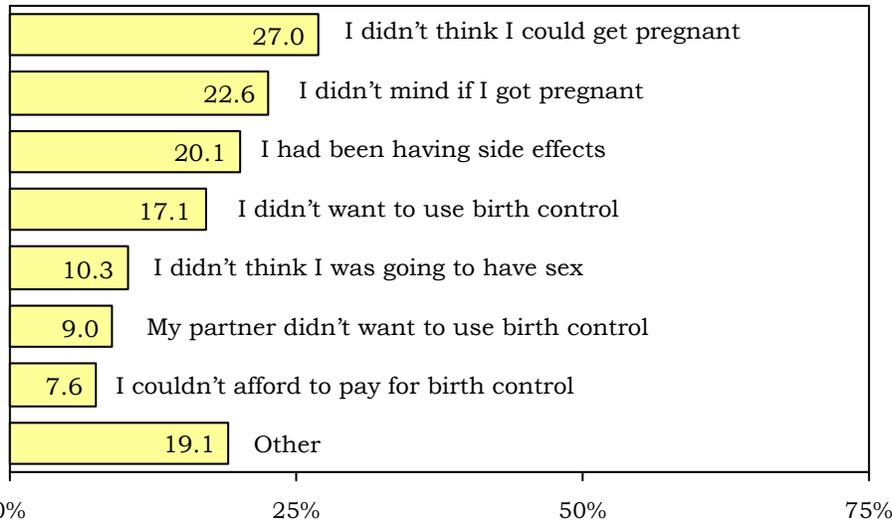


*The term "mothers" refers to Idaho resident adult mothers (18+ years of age at time of birth) who gave birth in Idaho.

Birth Control Use Barriers Among Unintended Pregnancies

Among women with unintended pregnancies, 54.3 percent reported they were not using some form of birth control when they became pregnant.[†] The most commonly reported reasons for not using birth control were “I didn’t think I could get pregnant” (27.0 percent), and “I didn’t mind if I got pregnant” (22.6 percent), (see Figure 3).

Figure 3. Barriers to Birth Control Use Among Unintended Pregnancies, PRATS 2007



[†] Only mothers who responded “no” to the question “When you got pregnant with your baby, were you trying to become pregnant?” were asked about birth control use.

What is PRATS?

The Pregnancy Risk Assessment Tracking System (PRATS) is an annual survey of new mothers in Idaho. It is a population-based tracking system that identifies and examines maternal experiences and health practices surrounding pregnancy which may affect pregnancy outcomes and infant health.

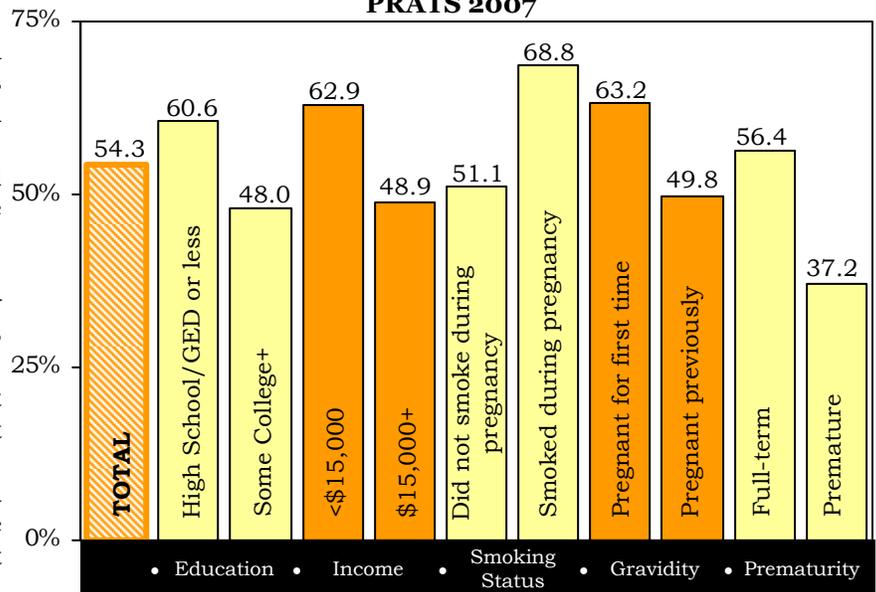
For more details on this project or any of the survey results, please contact the PRATS Program Director, Idaho Bureau of Vital Records and Health Statistics, at (208) 332-7366.

No Birth Control Use Among Unintended Pregnancies

The prevalence of no birth control use among mothers with unintended pregnancies was significantly higher among:

- Mothers who had an educational attainment of high school/GED or less versus those with some college education (60.6 percent vs. 48.0 percent).
- Mothers who had an annual household income of less than \$15,000 versus those with higher incomes (62.9 percent vs. 48.9 percent).
- Mothers who smoked during pregnancy versus those who did not smoke (68.8 percent vs. 51.1 percent).
- Mothers who were pregnant for the first time versus those who had been pregnant previously (63.2 percent vs. 49.8 percent).
- Mothers who gave birth to a full-term infant (37 weeks or more) versus those who gave birth to a premature infant (56.4 percent vs. 37.2 percent).

Figure 4. No Birth Control Use Among Unintended Pregnancies by Maternal and Infant Characteristics, PRATS 2007



Source: 2007 Pregnancy Risk Assessment Tracking System (PRATS)

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1. Kathryn Kost, David J. Landry and Jacqueline E. Darroch. “Predicting Maternal Behaviors During Pregnancy: Does Intention Status Matter?” *Family Planning Perspectives*, Vol. 30, No. 2, March/April 1998, p. 79-88.
2. Kathryn Kost, David J. Landry and Jacqueline E. Darroch. “The Effects of Pregnancy Planning Status On Birth Outcomes and Infant Care,” *Family Planning Perspectives*, Vol. 30, No. 5, Sept/Oct 1998, p. 223-230.
3. U.S. Department of Health and Human Services, “Healthy People 2010: Objectives for Improving Health,” Vol. 1, 2nd ed., November 2000, <<http://www.healthypeople.gov/>> (accessed April 16, 2009).