

# Unintended Pregnancy

## Why it Matters

### **What is Unintended Pregnancy?**

“Unintended” means pregnancies that are unwanted or mistimed (earlier than wanted) at the time of conception. An estimated four in ten (39 percent) of live births in Colorado in 2002 were unintended (see Figure 1). Colorado’s target for the year 2004 for unintended pregnancy is 36 percent.

Unintended pregnancy is difficult to measure. It is assumed that the estimated unintended pregnancy rate is low due to inconsistencies in the reporting of miscarriage and abortion, as nearly all pregnancies ending in abortion are unintended. Therefore, the unintended pregnancy rate in Colorado is likely to be higher than the 39 percent found in 2002 (Brown & Eisenberg, 1995).

In *Fulfilling the Promise* (2000), the Allan Guttmacher Institute (AGI) notes that nationwide there are 42 million women in the United States who are at risk of unintended pregnancy. Seven percent of these at-risk women do not use contraceptives. Women who do not use birth control comprise half of the national total of unintended pregnancies (Henshaw, 1998). By increasing the rate of contraceptive use, the number of unintended pregnancies in the United States can potentially be decreased from 3 million to 1.6 million (AGI, 2000) and, in Colorado from 26,694 to 13,347.

### **Teen pregnancy**

Teens experience a disproportionate number of unintended pregnancies. According to Colorado Vital Statistics, there were 44.5 births per 1000 teens aged 15-19 in the year 2002. During 2002, 70 percent of pregnancies to teens aged 15-19 were unintended.

Children of teens are more likely to be born low birth weight or developmentally disabled than children of older women. They are more likely to be abused or neglected, live in poverty, lack sufficient health care and experience difficulty in school. Teen pregnancy is associated with higher than average rates of poverty, divorce, dropping out of high school, unemployment, low job wages, welfare dependence, larger families, stress, and substance abuse (“Unintended Pregnancy” Presentation, 2001).

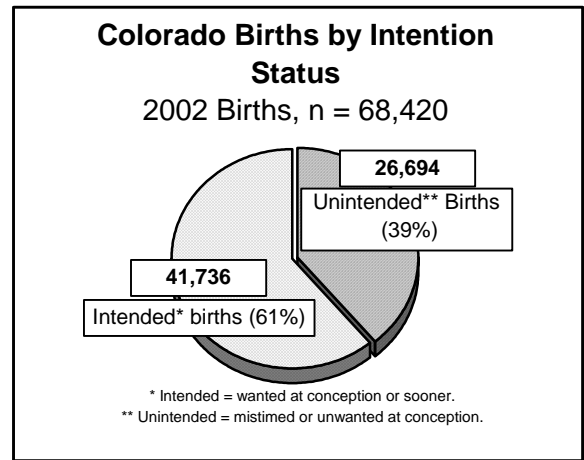


Figure 1-Percentage of births in 2002 that were intended vs. unintended.

Unintended pregnancy is not just a problem for teens. Women in Colorado aged 20-24 experience the second highest rate of unintended pregnancy. During 2002, 52 percent of pregnancies in women of this age group were unintended.

### **Family Planning**

By offering family planning services and education, including counseling about abstinence, to low-income women, the Title X Family Planning Program helped avert over 27,000 unintended pregnancies in Colorado in 2002 (data derived by using Montana’s Pregnancies Averted Model). Access to family planning services helps decrease the rate of unintended pregnancy by offering education and health care to women and families so that they plan their pregnancies.

Preparation for pregnancy is very important. If a pregnancy is not clearly and consciously planned before conception, preconceptional health may not be optimal for childbearing. Adopting healthy behaviors such as taking additional folic acid, maintaining proper nutrition, quitting tobacco, and abstaining from alcohol and other drugs should begin **before** pregnancy.

### **Contraceptive Failure**

Nationally, 53 percent of unintended pregnancies are a result of contraceptive failure (AGI, 2000). During a lifetime of using reversible methods, a typical woman will experience almost two contraceptive method failures. In addition, a woman will stop using a method ten times during her reproductive years (Trussell & Vaughn, 1999). About half of unintended pregnancies are from

couples who were using contraception and the other half are from couples who are not.

## **The Consequences**

Nationally, it is estimated that half of unintended pregnancies end in abortion (AGI, 2000). In addition, many factors, including the health of the baby and the mother, the stability of the family, and the incidence of child abuse are tied to intention. Negative consequences of unintended pregnancy result in enormous costs to families and taxpayers [\$28 million to Colorado taxpayers in 1997 ("Unintended Pregnancy" Presentation, 2001)]. Planning pregnancy is a major factor in creating healthy communities.

## **What Can Be Done?**

Awareness of the impact of unintended pregnancy is one of the keys to prevention. In 1995 the Institute of Medicine issued a report titled, "**The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families.**" The report includes several recommendations. First, and foremost, it urges the United States to adopt a new social norm, that "all pregnancies should be intended; that is they should be consciously and clearly desired at the time of conception".

The report goes on to recommend that a national consensus be built around this new norm, a norm that is in place in other countries around the world. Several action items are recommended for communities:

- ❑ Educate the public about the major social and public health burdens of unintended pregnancy
- ❑ Stimulate a comprehensive set of activities at the national, state and local levels to reduce such pregnancies
- ❑ Improve knowledge about contraception, unintended pregnancy and reproductive health in general
- ❑ Increase access to contraception
- ❑ Explicitly address the major roles that feelings, attitudes and motivation play in using contraception and avoiding unintended pregnancy

- ❑ Develop and scrupulously evaluate a variety of local programs to reduce unintended pregnancy
- ❑ Stimulate research to:
  - Develop new contraceptive methods for both women *and* men
  - Answer important questions about how best to organize contraceptive services
  - Understand more fully the determinants and antecedents of unintended pregnancy (Brown & Eisenberg, 1995).

Unintended pregnancy affects individuals, families and communities. Only by communicating this problem to the public, increasing community and individual understanding about prevention and improving access to necessary services, can the nation work toward assuring that pregnancy is intended.

## **References**

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