



Unintended Pregnancy

Preconception Health

What is an Unintended Pregnancy?

An unintended pregnancy is one that was either mistimed or unwanted. Approximately half of pregnancies in the United States are unintended. A pregnancy that occurs sooner than the woman wanted is considered mistimed. Thirty percent of pregnancies are mistimed. Pregnancies that occur when the woman did not want to become pregnant then or at any time in the future are unwanted. Twenty percent of pregnancies are unwanted.¹

Women in the United States spend about five years pregnant, postpartum, or trying to become pregnant and about 30 years trying to avoid pregnancy.¹ In order to prevent unintended pregnancy during these years, women need education about reproductive health and access to safe and effective contraceptive methods.

The Health and Cost Impact

Births resulting from unintended pregnancies are associated with negative maternal and child health outcomes such as delayed prenatal care, premature birth, and birth defects impacting the child's physical and mental health.¹

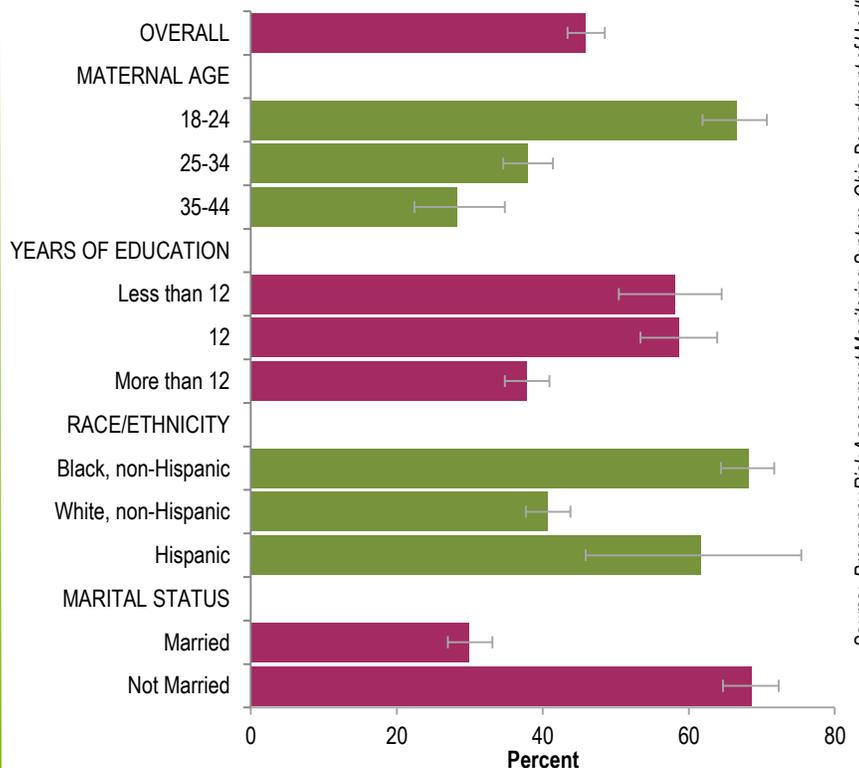
Women who are not planning to become pregnant may not be aware of the pregnancy in the early stages and engage in risky behaviors such as smoking and alcohol use.

In Ohio in 2008, 60 percent of unintended pregnancies resulted in births, 26 percent in abortions, and 14 percent in miscarriages.²

Fifty-seven percent of Ohio births resulting from an unintended pregnancy were publicly funded in 2008. This is slightly less than the national figure of 65 percent in the same year.²

In 2008, 484 million federal and state dollars were spent on births resulting from unintended pregnancies in Ohio.²

Figure 1: Women Aged 18-44 Having a Live Birth Whose Pregnancy was Unintended, Ohio, 2009-2010



Source: Pregnancy Risk Assessment Monitoring System, Ohio Department of Health

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of mothers with a recent live birth. PRAMS data from 2009-2010 shown in Figure 1 above indicate that:

- Forty-six percent of pregnancies resulting in a live birth were unintended.
- Young women aged 18-24 were more likely to report that their pregnancy was unintended than women 25 and older.
- Non-Hispanic Black and Hispanic mothers were more likely to report that their pregnancy was unintended than white, non-Hispanic mothers.
- Mothers with more than 12 years of education had a lower percentage of unintended pregnancy than mothers with 12 or fewer years of education.

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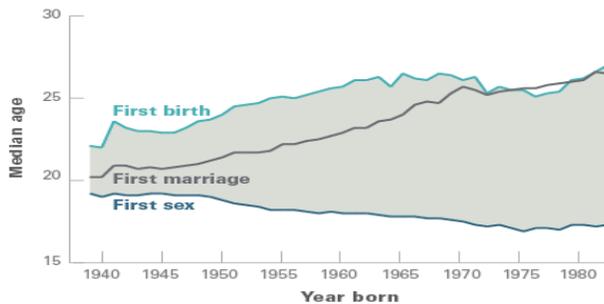
is a woman's health before she becomes pregnant. It means knowing how health conditions and risk factors could affect a woman or her unborn baby if she becomes pregnant.

Many mothers indicated that their feelings about pregnancy intention were complex. One PRAMS mother said, "I mean we didn't plan on having a baby but we didn't mind being pregnant."

Source: Pregnancy Risk Assessment Monitoring System, Ohio Department of Health

The need for effective contraceptive use

...is greater than ever as U.S. women wait longer to have their first child



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Data from the Guttmacher Institute (left) indicate that while the age that women first have sex has changed very little over time, the age at first birth has increased significantly in recent decades.³

The increased interval between first sex and first birth means that young women face a longer period of time where effective contraceptive methods are needed to prevent unintended pregnancy.

Decreasing barriers in obtaining highly effective methods would help women avoid unintended pregnancy. According to 2009-2010 Ohio PRAMS results, 9 percent of mothers whose pregnancy was unintended reported that they had trouble accessing birth control when they needed it.

Ohio

What is Being Done in Ohio to Prevent Unintended Pregnancies?

- ✓ In 2010, the reported public expenditures for family planning client services in Ohio totaled approximately \$41 million.
 - \$31 million through Medicaid, \$9.1 million through Title X, and \$1.1 million from Ohio General Revenue²
- ✓ In 2010, Ohio averted 39,200 unintended pregnancies through services provided by family planning centers, which would likely have resulted in 19,400 births and 13,400 abortions.² Averting these unintended pregnancies saved Ohio and the federal government \$172.8 million in Medicaid for pregnancy and baby-related care.²
- ✓ Beginning January 2012, Ohio implemented the Medicaid Family Planning State Plan Amendment (SPA), which increased Medicaid eligibility for family planning services to men and women up to 200 percent of the federal poverty line who are not otherwise eligible. As of September 30, 2013, 152,706 Ohioans had enrolled/obtained services via SPA.
- ✓ The Ohio Department of Health (ODH), through the Reproductive Health and Wellness Program (RHWP), administers Title X funding to local sub-grantees in order to ensure access to contraceptives for low-income women (and men) throughout the state.
 - In 2013, ODH funded 36 Title X Family Planning agencies resulting in access in 50 counties and 65 clinic sites.
 - Local family planning clinics advocate the use of Long Acting Reversible Contraceptives (LARC). LARCs are safe and are over 99 percent effective at preventing pregnancy. LARCs last 3-12 years depending on the option chosen. The LARC can be removed at any time should the woman wish to conceive.
 - RHWP Clinics are required to create a Reproductive Life Plan (RLP) with each client. Starting in State Fiscal Year 2014, Child and Family Health Services perinatal direct care clinics and Ohio Infant Mortality Reduction Initiative program staff were required to create an RLP with each client. Clients are screened for personal/physical habits, emotional health, vaccinations, and family history of negative pregnancy outcomes. From this they create a personalized plan that answers the following questions:
 - Do you want to have children one day?
 - How many children do you want to have?
 - How far apart do you want your children to be (birth spacing)?
 - If you don't want to become pregnant now, are you currently using a birth control method?
- ✓ In 2013, Ohio expanded Medicaid in accordance with the Affordable Care Act. Ohioans also began enrolling for private insurance through the Federal Health Insurance Marketplace.
 - Medicaid eligibility is open to men and women up to 138 percent of federal poverty level regardless if they have dependents.
 - Medicaid and private insurances are required to cover family planning related services, including LARCs.

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2. Guttmacher Institute. State Facts About Unintended Pregnancy: Ohio. Accessed online 4/17/2014. <https://www.guttmacher.org/statecenter/unintended-pregnancy/OH.html>.
3. Finer LB and Philbin JM, *Trends in ages at key reproductive transitions in the United States, 1951-2010*, *Women's Health Issues*, 2014, 23(3):e1-e9. Accessed online 4/21/2014. <http://www.guttmacher.org/media/infographics/effective-contraceptive-use.html>.

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