

# Reproductive Health



# Unintended Pregnancies

According to the 1995 National Survey of Family Growth, 31% of all pregnancies resulting in a live birth are unintended.<sup>1</sup> Pregnancy is considered to be unintended when the woman did not want to be pregnant (unwanted) or desired a later pregnancy (mistimed). Women with unintended pregnancies are more likely to find out that they are pregnant later than women with intentional pregnancies – making intendedness a factor in the newborn’s birth outcome.<sup>2</sup> Behaviors such as delay of prenatal care initiation, inadequate folic acid intake early in the pregnancy, drinking, and tobacco use are examples of behaviors that can affect the health of the mother and her newborn infant. An unintended pregnancy could impact a woman’s choice to adopt healthy prenatal behaviors.<sup>2</sup> For the information presented here, unintended pregnancies are limited to those that result in a live-born infant.

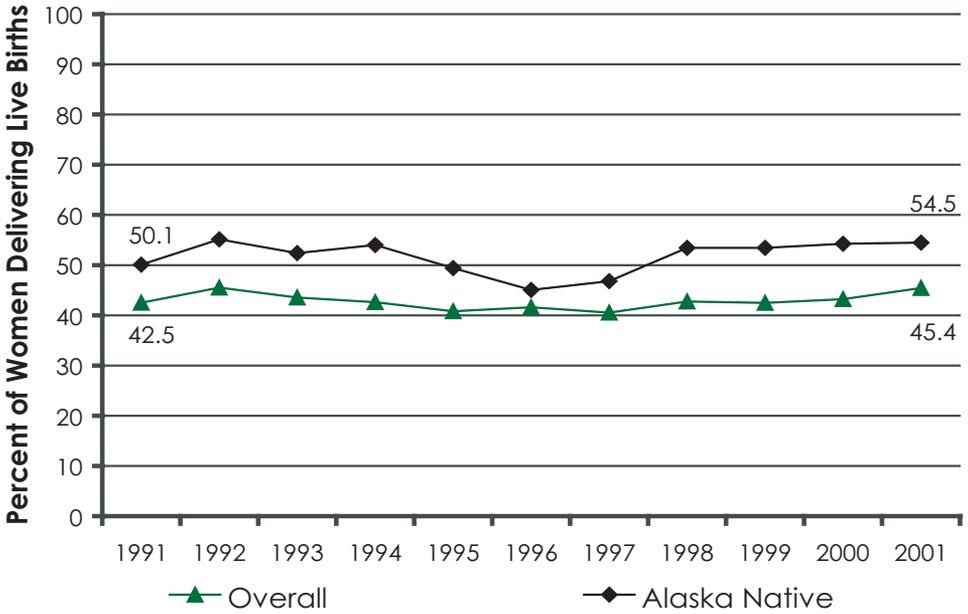
- In Alaska, the prevalence of unintended pregnancies resulting in live births has not changed significantly over the last decade. Compared to 1991, the overall prevalence increased approximately 7% in 2001 – an increase from 42.5% to 45.4%, respectively.
- In 2001, the prevalence of unintended pregnancy was 1.5 times higher than the national goal set by Healthy People 2010 – which is to reduce the prevalence to 30% by the year 2010. To achieve this target, Alaska must reduce the prevalence by 34%.
- Over the last decade, the prevalence of unintended pregnancy among Alaska Natives has been consistently higher than the overall prevalence. In 2001, the prevalence of mistimed or unwanted pregnancies resulting in a live birth was 20% higher among Alaska Natives.
- The Northern and Southwest regions of Alaska had a significantly higher prevalence of unintended pregnancy among women delivering a live birth during 1999-2001 – 54.0% and 53.1%, respectively.

<sup>1</sup> Henshaw SK. Unintended Pregnancy in the United States. *Family Planning Perspectives*; 30(1): 24-29. Jan/Feb 1998.

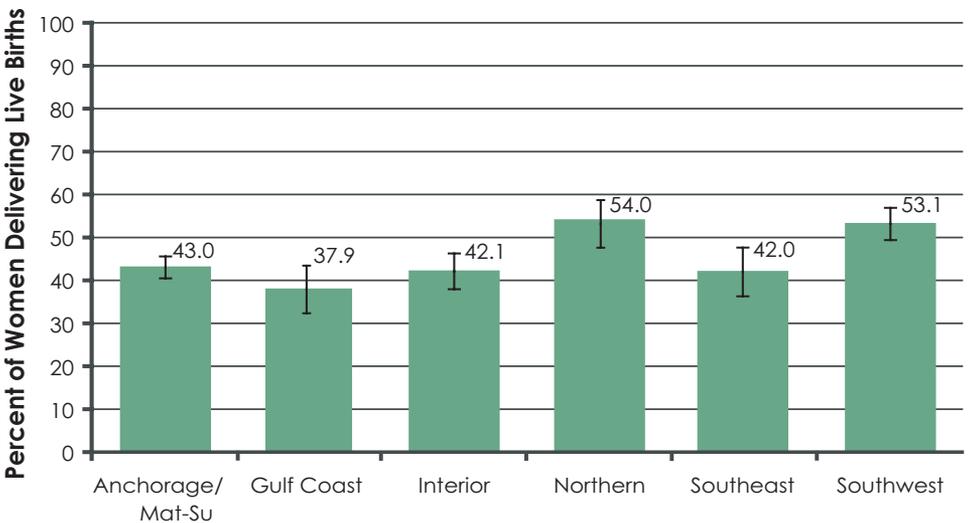
<sup>2</sup> Kost K, Landry DJ, Darroch JE. Predicting Maternal Behaviors During Pregnancy: Does Intention Status Matter? *Family Planning Perspectives*; 30(2): 79-88. Mar/Apr 1998.

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## Unintended Pregnancies Among Women Delivering Live Births by Race and Year, Alaska, 1991-2001



## Unintended Pregnancies Among Women Delivering Live Births by Region, Alaska, 1999-2001



# Unintended Pregnancies

The consequences of unintended pregnancy among teenagers are well documented. They are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenage mothers are more likely to suffer poor birth outcomes such as low birth weight, neonatal death, and sudden infant death syndrome.<sup>1</sup> Although teenagers are the highest at-risk group, unintended pregnancy often is mistakenly perceived as predominantly an adolescent problem – however, unintended pregnancy is a problem among all reproductive age groups.<sup>2</sup>

- White mothers had the lowest prevalence of unintended pregnancy (41.1%) and were significantly less likely to have an unintended pregnancy when compared to Alaska Native and black mothers (54.5% and 59.8%, respectively).
- Among Alaskan women delivering a live-born infant, the prevalence of unintended pregnancy significantly decreased as age increased. Teens, ages 15-19, had the highest prevalence of unintended pregnancy (75.3%) compared to all other age groups.
- Women with less education had an increased risk of having an unintended pregnancy. Alaskan women that did not complete high school were significantly more likely to have an unintended pregnancy than women that completed high school (67.6% and 50.0%, respectively). Compared to women with at least some college education, those that did not finish high school were twice as likely to have an unintended pregnancy.
- Alaskan women that had prenatal care paid for by Medicaid were significantly more likely to have an unintended pregnancy than those who were not served by Medicaid (58.4% and 36.5%, respectively).

<sup>1</sup> The Alan Guttmacher Institute. *Sex and America's Teenagers*. New York, NY: The Institute. 1994.

<sup>2</sup> Healthy People 2010. (See References for full citation)

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## Prevalence of Unintended Pregnancies Among Women Delivering Live Births by Selected Demographics Alaska, 2001

	Percent	Weighted n	Standard Error	95% CI
<b>Maternal Race</b>				
White	<b>41.1</b>	2481	2.0	( 37.1 - 45.0 )
Alaska Native	<b>54.5</b>	1272	1.7	( 51.1 - 57.9 )
Black	<b>59.8 *</b>	255	8.0	( 44.2 - 75.4 )
Asian or Pacific Islander	<b>43.8</b>	239	6.8	( 30.5 - 57.1 )
<b>Maternal Ethnicity</b>				
Hispanic	<b>58.2</b>	320	6.6	( 45.3 - 71.1 )
Non-Hispanic	<b>44.1</b>	3593	1.6	( 41.0 - 47.2 )
<b>Maternal Age</b>				
15-19 years	<b>75.3</b>	706	3.5	( 68.5 - 82.2 )
20-24 years	<b>58.3</b>	1560	2.7	( 53.0 - 63.6 )
25-34 years	<b>36.9</b>	1747	2.1	( 32.8 - 40.9 )
35 years or older	<b>26.1</b>	295	3.6	( 19.1 - 33.1 )
<b>Maternal Education</b>				
<12 years	<b>67.6</b>	718	3.3	( 61.2 - 74.1 )
12 years	<b>50.0</b>	2038	2.2	( 45.7 - 54.3 )
>12 years	<b>34.7</b>	1396	2.3	( 30.2 - 39.2 )
<b>Prenatal Medicaid Status</b>				
Medicaid	<b>58.4</b>	2220	2.2	( 54.2 - 62.7 )
Non-Medicaid	<b>36.5</b>	2034	1.9	( 32.8 - 40.2 )
<b>OVERALL</b>	<b>45.4</b>	4314	1.5	( 42.6 - 48.3 )

% Missing = 1.4

Core; Q12

\* Data may be unreliable. Number of respondents was at least 30 but less than 60.

# Live Births Despite Use of Birth Control

More than one-fourth of all live births in Alaska are conceived despite the use of birth control. The majority of unintended pregnancies among contraceptive users result from inconsistent or incorrect use.<sup>1</sup> According to a national study, a woman spends three-fourths of her reproductive life trying not to become pregnant.<sup>2</sup>

- In Alaska, black mothers were most at risk of having a live birth despite use of birth control. Nearly half (47.4%) of black women that delivered a live-born infant in 2001 were using some form of birth control when they got pregnant – twice the overall rate for the State (26.7%).
- Younger mothers were significantly more likely to have a live birth despite use of birth control. In 2001, Alaskan teenagers (15-19 years) and women in their early twenties (20-24 years) were at significantly higher risk than older age groups of having a live birth despite use of birth control.
- Teen mothers were 70% more likely than mothers 25 years or older to have a live birth despite use of birth control. Nationally, teenagers are less likely than older women to practice contraception without interruption over the course of a year, and more likely to practice contraception sporadically or not at all.<sup>3</sup>
- Although the prevalence of live births among women who were using some form of birth control appeared to be higher for women that did not complete high school, the difference was not statistically significant.
- Women whose prenatal care was at least partially paid for by Medicaid were significantly more likely to have a live birth despite use of birth control compared to women who did not use Medicaid as a payment source for their prenatal care, 33.1% and 22.3%, respectively – nearly 1.5 times higher.

<sup>1</sup> The Alan Guttmacher Institute. *Contraceptive Use*. New York, NY: The Institute. 2004.

<sup>2</sup> Forrest JD, Samara R. Impact of Publicly Funded Contraceptive Services On Unintended Pregnancies and Implications for Medicaid Expenditures. *Family Planning Perspectives*; 28(5):188-195. Sep/Oct 1996.

<sup>3</sup> The Alan Guttmacher Institute. *Teen Sex and Pregnancy*. New York, NY: The Institute. 1999.

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## Prevalence of Live Births Despite Use of Birth Control by Selected Demographics Alaska, 2001

	Percent	Weighted n	Standard Error	95% CI
<b>Maternal Race</b>				
White	<b>26.2</b>	1563	1.8	( 22.7 - 29.8 )
Alaska Native	<b>26.6</b>	626	1.6	( 23.6 - 29.7 )
Black	<b>47.4 *</b>	196	8.3	( 31.2 - 63.5 )
Asian or Pacific Islander	<b>18.6</b>	102	5.2	( 8.4 - 28.8 )
<b>Maternal Ethnicity</b>				
Hispanic	<b>36.8</b>	202	6.5	( 24.1 - 49.4 )
Non-Hispanic	<b>26.0</b>	2097	1.4	( 23.2 - 28.8 )
<b>Maternal Age</b>				
15-19 years	<b>38.8</b>	361	4.2	( 30.6 - 47.0 )
20-24 years	<b>31.3</b>	835	2.5	( 26.4 - 36.3 )
25-34 years	<b>22.7</b>	1062	1.8	( 19.1 - 26.3 )
35 years or older	<b>22.3</b>	256	3.6	( 15.2 - 29.4 )
<b>Maternal Education</b>				
<12 years	<b>32.0</b>	337	3.4	( 25.3 - 38.7 )
12 years	<b>26.5</b>	1075	2.0	( 22.6 - 30.3 )
>12 years	<b>23.8</b>	943	2.1	( 19.7 - 27.9 )
<b>Prenatal Medicaid Status</b>				
Medicaid	<b>33.1</b>	1251	2.1	( 28.9 - 37.2 )
Non-Medicaid	<b>22.3</b>	1226	1.7	( 19.0 - 25.5 )
<b>OVERALL</b>	<b>26.7</b>	2518	1.3	( 24.1 - 29.3 )

% Missing = 2.1

Core; Q14

\* Data may be unreliable. Number of respondents was at least 30 but less than 60.