



## Unintended Pregnancy in Alaska

Unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. Women with unintended pregnancies are more likely to discover their pregnancies later than women with intentional pregnancies, which may have an impact on their health and the health of their infant.

Although adolescents 15-19 years of age are the highest at-risk group for unintended pregnancy, it is an issue among all reproductive age groups.<sup>1</sup> The typical American women spends three decades trying to avoid unintended pregnancy.

For the information presented here, unintended pregnancies are limited to those that resulted in a live-born infant.

### Seriousness

#### Healthy People 2010 Targets and National Data

Indicator	Alaska 2008 <sup>‡</sup>	Nation 2002 <sup>^</sup>	Healthy People 2010 Goal*
Proportion of births resulting from an unintended pregnancy	39.7%	34.1%	≤ 30.0%*

<sup>^</sup> Births resulting from an unintended pregnancy in the previous five years to women 15-44 years of age at interview. In 2007, live births resulting from an unintended pregnancy ranged from 31% to 50% among states participating in the PRAMS

\* The HP2010 goal is to reduce the proportion of all unintended pregnancies. Alaska and national estimates are limited to those pregnancies resulting in a live-birth.

- Unintended pregnancy in Alaska was 32% times higher than the Healthy People 2010 target. The estimates for Alaska and the U.S. are only for those pregnancies that resulted in a live-birth. These are conservative estimates since pregnancies resulting in fetal death, spontaneous abortion, or termination are not included.

### Severity

Women with unintended pregnancies are more likely to recognize their pregnancy at a later date and miss the benefits of preconception and early prenatal care that could improve birth outcomes. Benefits include folic acid supplementation, achieving healthy weight and good oral health.<sup>2,3,4</sup> More importantly, an unrecognized pregnancy could increase the risk of unwitting exposure of the embryo or fetus to teratogens - any agent that could disturb its development. Teratogens include nicotine (including second hand smoke), alcohol, prescription drugs, and household and workplace chemicals. Poor birth outcomes include preterm birth, low birth weight, birth defects, and Fetal Alcohol Syndrome Disorders (FASD).<sup>5</sup>

- During 2006 - 2008, among Alaskan women delivering a live birth, those who reported an unintended pregnancy

were twice as likely to have smoked during the 3 months before pregnancy (20.8%), compared to women who reported their pregnancy was intended (10.8%).<sup>‡</sup>

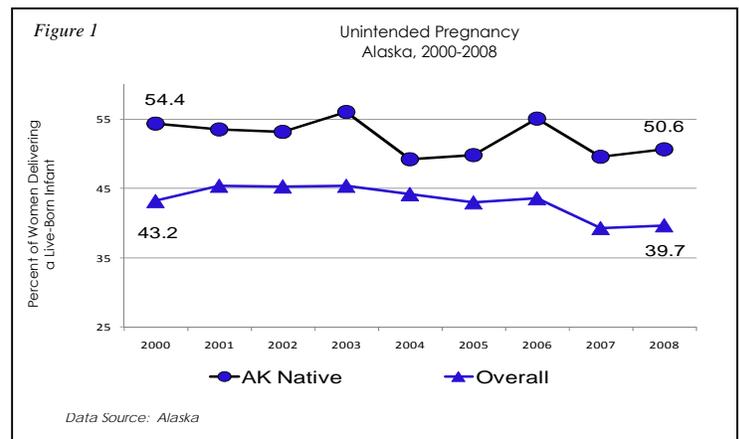
- During 2006 - 2008, 33% of new mothers reporting an unintended pregnancy binged one or more times during the three months before pregnancy. Among new mothers who reported an intended pregnancy, 18.8% said they engaged in binge drinking one or more times during the three months before pregnancy.<sup>‡</sup> Binge drinking patterns are associated with FASD.

An unintended pregnancy resulting in a birth can also interfere with a woman's education, limit employment opportunities and her ability to support herself and her family, particularly among teen mothers.<sup>3</sup> It is estimated that 42% of all unintended pregnancies in the U.S. result in abortion.<sup>6</sup>

### Urgency

According to the 2002 Behavioral Risk Factor Surveillance System (BRFSS), 73% of Alaska women 18 years of age or older were at risk for pregnancy.<sup>7</sup> That translates to 177,000 women in 2009.

- From 2000 to 2008, unintended pregnancies resulting in a live birth decreased by 8%.<sup>‡</sup> (Figure 1)



### Disparities

Analysis of Alaska PRAMS data indicated that maternal age, education, and Medicaid status were associated with unintended pregnancy.<sup>4</sup>

- Alaskan teens ages 15-19 had the highest prevalence of unintended pregnancy compared to all other age groups. (Figure 2)
- Unmarried women were twice as likely as married women to report that their pregnancy was unintended. (Figure 2)
- Alaskan women who had prenatal care paid for by Medicaid were 1.7 times more likely to have an unintended pregnancy than those who were not served by Medicaid. (Figure 2)
- Alaskan women with less than 12 years of education were 1.3 times more likely to have an unintended pregnancy than women who completed high school and 1.7 times more likely than women with more than 12 years of education. (Figure 3)

unintended pregnancy. In 2009, that was the equivalent of 5,700 births. The average cost to Medicaid of a live birth (prenatal care, delivery and infant care through the first year) without medical complications was \$17,793 (2007 dollars).<sup>8</sup> If just half of the unintended pregnancies, or 2500 births, could be averted or delayed, the potential costs savings would be over \$44 million per year.

In 2000, Oregon saved over \$19 million through an expanded Medicaid family planning program. South Carolina saved \$56 million over a three-year period.<sup>9</sup>

### Interventions & Recommendations

The lack of comprehensive sexuality education in Alaska could contribute to the lack of understanding among many teens and adult women about how the reproductive system works, and the underestimation of their risk of pregnancy.<sup>10</sup>

The U.S. Preventive Services Task Force recommends that periodic counseling about effective contraceptive methods is recommended for all women and men at risk for unintended pregnancy. Counseling should be based on information from a careful sexual history and should take into account the individual preferences, abilities, and risks of each patient. Sexually active patients should also receive information on measures to prevent sexually transmitted diseases.<sup>11</sup>

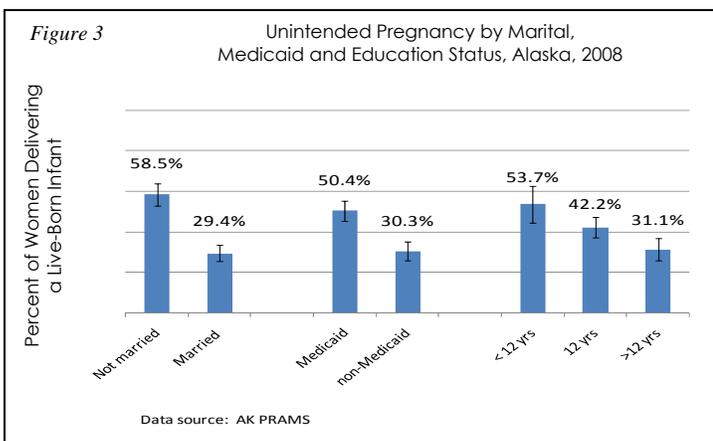
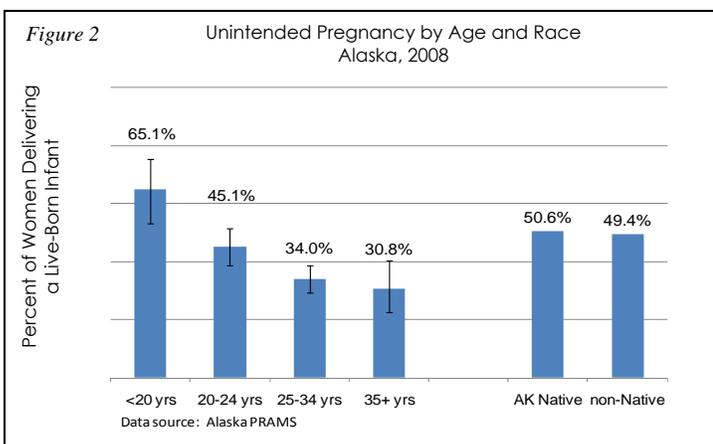
In the public health system, primary prevention strategies should include integrating counseling about pregnancy planning, contraceptive care, preconception and interconception care into all primary care clinic settings.<sup>10</sup> Unintended pregnancy prevention and preconception health promotion should also be addressed in patients with chronic diseases and with male patients. For secondary prevention strategies, clinicians should be competent to provide patient-centered assessment and counseling to individuals who request pregnancy testing or who detected a pregnancy.

### Intervention Effectiveness

Appropriate contraceptive use is just one factor in effectively avoiding unintended pregnancies. In 2002, only a small percentage of women used the most effective method of birth control.<sup>7</sup> (Table 1)

In 2002, the most effective reversible contraceptive method had the lowest utilization. The lack of insurance coverage, high inventory costs for clinics to stock the expensive contraceptive products, and need for specialized training and skills to offer the methods are known barriers to increasing use of the most effective reversible methods.

Eighty-eight percent of teens say it would be easier to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents. The quality of the parent/child relationship can make a real difference.<sup>12</sup>



### Economic Loss

Half of all births in Alaska are covered by Medicaid, and about half of the Medicaid births are the result of an

Table 1. Selected Contraceptive Use Among Women, Alaska, 2002 (BRFSS)

Reversible Methods	2002 Usage	% experiencing unintended pregnancy w/in 1st year of use
Implant	0.3 %	0.1
IUD	4.9 %	0.6
Shot	4.8 %	3.0
Oral pills	30.6 %	8.0
Condom	8.2 %	21.0
Don't know/no response	4.2 %	85.0*
Permanent Methods		
Tubal ligation	25.3 %	0.5
Vasectomy	16.6 %	0.2

\* Pregnancy rate when no contraceptive is used

## Capacity

### Propriety

Reducing the rate of unintended pregnancy falls within the overall mission of the Section of Women's, Children's, and Family Health. Unintended pregnancy is an important issue among the maternal and child health population – national initiatives have been set forth to address the problem (HP2010).

### Economic Feasibility

Twenty four states have enacted Medicaid family planning waiver programs that extended coverage for family planning services to low-income individuals not eligible for full Medicaid. An evaluation of six state programs demonstrated significant cost savings even with increases in services.<sup>9</sup>

### Acceptability

Unintended pregnancy, especially among adolescents, young adults and unmarried individuals, is recognized as an issue in the public health community. More research is needed for evidence-based clinical practice guidelines as well understanding the complex psychological and social factors of pregnancy intention.<sup>3,10</sup> Reproductive health in general has been politicized because of the lack of consensus around abortion.<sup>10</sup>

### Resources

WCFH provides technical assistance on contraception and care standards for prenatal patients when called upon. WCFH, the Division of Public Assistance, and tribal health corporations collaborate in the Reproductive Health Partnership. The Partnership provides training for reproductive health services as well as contraceptive supplies to the community health centers. This work is focused in the three areas of the state where the rates of teen and non-marital pregnancy are the highest.

Data: Alaska PRAMS data can be used to better understand significant risk factors associated with unintended pregnancy in Alaska that can be useful for targeting prevention measures toward high-risk groups.

Family Planning Clinics: The Title X federal family planning program supports family planning clinics in Anchorage, Wasilla, Soldotna, Homer, and Juneau. These clinics provide comprehensive, confidential family planning services to low-income women and men. Family planning services include counseling about abstinence, infant adoption and risk-reduction for common health problems such as tobacco cessation.

Title V: Currently the Title V MCH Block Grant funds contracts for nurse practitioners to provide family planning services at one public health center and one school-based clinic.

Medicaid: There are gaps in service. Family planning services are available to: 1) women under 22 years old on Denali Kid Care; 2) women under 19 years old on Medicaid; or 3) low income women who are post-partum, up to 60 days following birth.

### Legality

Not an issue.

## References

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## Data Sources

¥ Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), 2008 Data: State of Alaska, DHSS, Division of Public Health.

^ National Survey of Family Growth, 2002 in Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 23 (25). 2005. Available at [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_025.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_025.pdf)

\* Healthy People 2010. U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With understanding and improving health and objectives for improving health. 2 Vols. Washington, DC: U.S. Government Printing Office. 2000.

‡ Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) Cponder electronic statistics accessed September 23, 2010.

## Notes

**For Alaska PRAMS data note that the prevalence of unintended pregnancy is only among women that delivered a live-born infant.**

**The national prevalence of unintended pregnancy is only among women that delivered a live-born infant.**