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. 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*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Alaska</th>
<th>Nation</th>
<th>Healthy People 2010 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of births resulting from an unintended pregnancy</td>
<td>39.7%</td>
<td>34.1%</td>
<td>≤ 30.0%*</td>
</tr>
</tbody>
</table>

^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 PRAM5

* 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. 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).

- 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. 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. It is estimated that 42% of all unintended pregnancies in the U.S. result in abortion.

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. That translates to 177,000 women in 2009.

- From 2000 to 2008, unintended pregnancies resulting in a live birth decreased by 8% (Figure 1)
**Disparities**

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

- 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)

**Economic Loss**

Half of all births in Alaska are covered by Medicaid, and about half of the Medicaid births are the result of an 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).\(^8\) 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.\(^9\)

**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.\(^10\)

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.\(^11\)

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.\(^10\) 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.\(^7\) (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.\(^12\)
Economic Feasibility

Initiatives have been set forth to address the problem among the maternal and child health population – national Family Health. Unintended pregnancy is an important issue overall mission of the Section of Women’s, Children’s, and Reducing the rate of unintended pregnancy falls within the Medicaid. An evaluation of six state programs demonstrated services to low-income individuals not eligible for full Twenty four states have enacted Medicaid 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.

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.

References

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

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

* Pregnancy rate when no contraceptive is used
**Data Sources**


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.