

Unintended Pregnancy

Definition: [Pregnancy intention](#) is a difficult concept to measure. In this report, unintended pregnancies include all abortions and the subset of births that were unintended at the time of conception, i.e., were conceived at a time when the woman wanted no (more) children or the pregnancy occurred earlier than wanted. Miscarriages and stillbirths are excluded. Abortions are identified through the Agency's Abortion Reporting System. Births are identified through the Agency's Birth Certificate System. Births that were unintended at conception are estimated using data from the Pregnancy Risk Assessment Monitoring System (PRAMS), which administers a survey to a sample of mothers 2 to 6 months after they give birth. In this report, unless otherwise stated, the unintended pregnancy rate refers to the percentage of pregnancies (excluding miscarriages and stillbirths) that were unintended.

This is a data update of the *Health of Washington State* chapter on [Unintended Pregnancy](#) published in 2013.

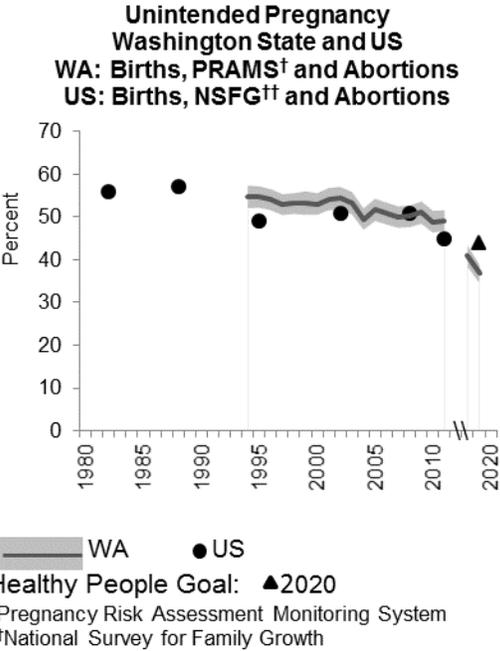
Time Trends

In 2013, of the 38,224 unintended pregnancies that occurred in Washington State 20,793 resulted in a live birth and 17,431 ended in abortion. The percent of all pregnancies that were unintended was 37% ($\pm 2\%$).

trends. However, data from 1995 to 2011 show a modest decline in unintended pregnancy from 55% to 49%. In 2011, the national unintended pregnancy rate was 45% (the most recent data available).¹

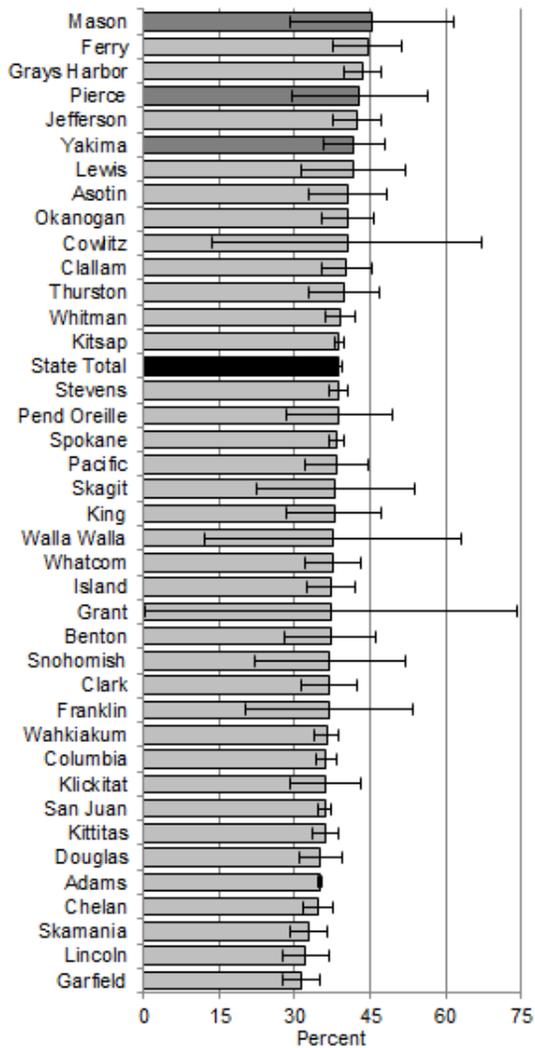
Geographic Variation

To estimate unintended pregnancy as percent of all pregnancies for each county, we used county-level data on abortions and modeled estimates of unintended births (see [Technical Notes](#)). Washington data for 2012–2013 show the proportions of all pregnancies that were unintended were higher than the state proportion in Mason, Pierce, and Yakima; all other counties had similar percentages of unintended pregnancy to the state. These differences reflect the age, income, education and race/ethnicity profile of women residing in these areas as well as access to contraceptive services and supplies.



Washington has already met the *Healthy People 2020* goal, and will likely continue to meet it. Due to changes in PRAMS methodology in 2012, we cannot compare recent data to past

**Unintended Pregnancy
County Data
Births, PRAMS† and Abortions
2012–2013**



† Pregnancy Risk Assessment Monitoring System

- Washington State
- Value lower than WA State
- ▒ Value same as WA State
- Value higher than WA State

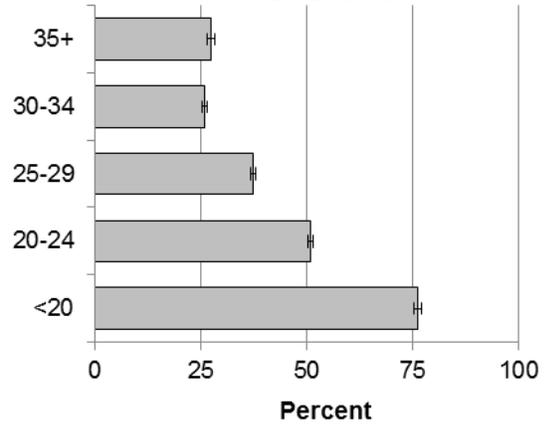
Age

While unintended pregnancy occurs among all women of reproductive age, 76% (±1%) of pregnancies among Washington women under age 20 years were unintended, the highest among all age groups. The proportion of unintended pregnancies decreased with increasing age through age 34. This is similar to national data.²

While teens are most likely to report unintended pregnancies, only 7% of all pregnancies (regardless of pregnancy intention) occurred among teens in 2012–2013. Nearly 77% of pregnancies occurred among women ages 20–34. There were about 60,700 unintended pregnancies among women in this age group compared to 10,800 for women under age 20.

From 1994 to 2010 the percentage of unintended pregnancies declined by 1%–2% per year for women ages 25 or older. Among women under age 25, there was no change in the percentage of unintended pregnancies, but the number and rate of total pregnancies (births and abortions) per 1,000 women declined dramatically. Trends in teen pregnancy are further discussed in the *Health of Washington State* chapter on [Teen Pregnancy and Childbearing](#).

**Unintended Pregnancy
Age of Mother
Births, PRAMS† and Abortions
2012–2013**



† Pregnancy Risk Assessment Monitoring System

[Income and Education](#)

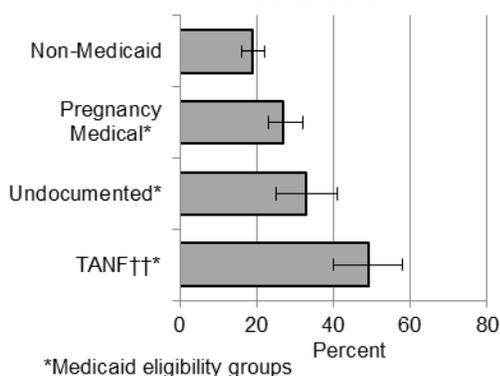
Washington State collects income and education data for mothers on their children’s birth certificate; however, this information is not reported for abortions.

PRAMS data from 2012–2013 shows that among the women who deliver a baby, those with an annual household income of less than \$26,000 or those with less than a college education are much more likely to experience births from unintended pregnancies compared with higher-income, college-educated women.

In Washington, the receipt of Medicaid-paid health services is one measure of low income. In 2012–2013, a higher percentage of mothers receiving

Medicaid-paid prenatal or delivery services had births from unintended pregnancy (27% ±4%) than mothers not receiving Medicaid (19% ±3%). Trend data for 1994 through 2011 show that births from unintended pregnancies declined for both groups but declined more among the Medicaid group.

**Births from Unintended Pregnancy
Medicaid Status
Births, PRAMS† & First Steps
Database
2012–2013**



*Medicaid eligibility groups
† Pregnancy Risk Assessment Monitoring Program
†† Temporary Assistance for Needy Families

Data for 2012–2013 show that low-income mothers in the Temporary Assistance for Needy Families (TANF) Program had the highest percentage of unintended pregnancies. These mothers generally had family incomes less than 50% of the [federal poverty level](#). Undocumented women had the next highest percentage of pregnancies that were unintended. They also have the lowest incomes of all women with Medicaid-paid deliveries. Undocumented women who had Medicaid-paid deliveries in Washington are predominantly of Hispanic ethnicity and frequently their country of origin is Mexico.³ Women enrolled in Medicaid’s Pregnancy Medical Program had the second lowest proportion of pregnancies that were unintended. These women had higher family incomes than those receiving TANF, up to 185% of the federal poverty level.

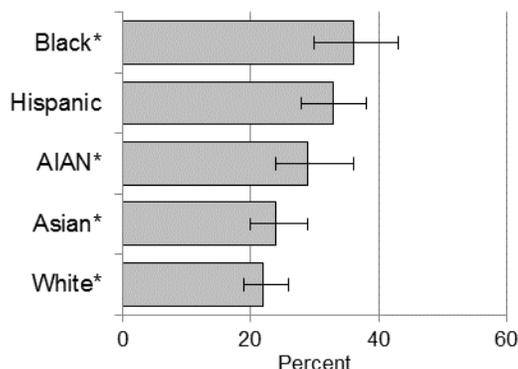
Among women 20 years of age or older, unintended pregnancies accounted for 30% (±2%) of births to women with at least one year of school beyond high school compared to 47% (±3%) of births among those with no schooling beyond high school. Income and education are correlated with each other, and with other known

risk factors for unintended pregnancy such as marital status.

Race and Hispanic Origin

Race and ethnicity are strong and persistent factors in unintended pregnancy.^{2,4} In 2012–2013 black, Hispanic and American Indian/Alaska Native women reported the highest percentages of births from unintended pregnancy. Asian and white women reported the lowest percentages of births from unintended pregnancy. There is a correlation between race, ethnicity and other risk factors for unintended pregnancy, such as income.

**Births from Unintended Pregnancy
Race and Hispanic Origin
PRAMS†, 2012–2013**



* Non-Hispanic
AIAN: American Indian/Alaska Native
† Pregnancy Risk Assessment Monitoring Program

Data Sources (For additional detail, see [Appendix B.](#))

Washington State Birth Certificate Data: Washington State Department of Health, Center for Health Statistics, Vital Registration System Annual Statistical Files, Births 1994–2013.

Washington State Department of Health, Office of Healthy Communities, Pregnancy Risk Assessment Monitoring System (PRAMS) 1994–2013.

Washington State Abortion Data: Washington State Department of Health, Center for Health Statistics, Vital Registration System Annual Statistical Files, Abortions 1994–2013.

Washington State Department of Social and Health Services, Research and Data Analysis Division, First Steps Database, 1994–2013.

For More Information

Washington State Department of Health, Office of Healthy Communities, Surveillance and Evaluation Section (360) 236-3546 and Family Planning and Reproductive Health, (360) 236-3401.

Technical Notes

Pregnancy intention. Unintended pregnancy is an ambiguous concept that is imperfectly measured.⁵ Pregnancy intention can vary depending on when the information is requested. For example, a woman may respond differently depending on whether she has just learned of the pregnancy or just delivered a live born infant. The concept of intending or planning pregnancies may also be influenced by socioeconomic and cultural values about sexuality, relationships, and access to and use of birth control. It is important to note that an unintended pregnancy may result in a wanted birth.

Much of the data and discussion are about unintended pregnancies that resulted in births because the amount of detail on abortions is limited, and for some analyses such as health effects and cost, we are primarily concerned with unintended childbearing.

For this report, all abortions are classified as unintended pregnancies, though a small percentage were intended and the woman's health or circumstances changed or the fetus was found to be impaired. Miscarriages and stillbirths are excluded, as are ectopic and molar pregnancies.

State-level information about birth intention comes from Washington's Pregnancy Risk Assessment Monitoring System (PRAMS), an annual survey of mothers conducted two to six months after delivery. Births classified as unintended are those that the mother said were conceived when she wanted no (more) children ever or the pregnancy occurred earlier than wanted.

In 2012, the Centers for Disease Control and Prevention changed the response options to the PRAMS question on pregnancy intention. The revised question allows mothers to select "not sure" in addition to the response choices offered in prior years. As a result of this change, estimates of unintended pregnancy (did not want current pregnancy or wanted to become pregnant later) dropped significantly. Estimates of unintended pregnancy in 2012 and later cannot be compared with estimates from prior years.

National data on pregnancy intention come from the National Survey of Family Growth (NSFG). This survey asks a random sample of all women ages 15–44 about pregnancies within the previous five years, whether they were intended, and the outcome of the pregnancy (live birth, miscarriage, or abortion). Data presented in this report are for pregnancies resulting in live births and abortions. Miscarriages are not included due to the lack of comparable data at the state level. National data indicates that fetal losses account for nearly 14% of unintended pregnancies and 20% of intended pregnancies.⁶ Applying these estimates to Washington data reduces the state's unintended pregnancy rate by 1.3 percentage points, assuming our state's fetal loss experience is similar to the nation as a whole.

Federal Poverty Level. The federal poverty level is published each year by the Department of Health and Human Services. It is the estimated minimum income a family needs in order to provide for basic needs. It is used as the basis for eligibility for federal and state assistance programs. In 2012, the federal poverty level was \$19,090 for a family of 3.

County-level data. We used PRAMS, birth, and abortion data to estimate the proportion of pregnancies in each county that were unintended. The PRAMS questionnaire provides information on whether the pregnancy was intended or not; however, there were not enough PRAMS respondents from each county to form reliable county estimates for the proportion of births which resulted from unintended pregnancies. Therefore we linked the PRAMS data to the birth data for 2012–2013 and used multiple imputations^{7,8} to compute estimates of the number of births in each county that resulted from unintended pregnancies. The imputation model used the following birth certificate items as predictors of pregnancy intention: race and ethnicity; mother's marital status; age and education of both parents; mother's height, weight, number of prior pregnancies and number of previous live births; birth weight; WIC use; and the source of payment for the delivery. Then we combined these estimates with the number of abortions in each county during 2012–2013. All abortions were treated as unintended pregnancies.

Title X. The Title X Family Planning Program, enacted in 1970 as Title X of the Public Health Service Act, is a federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The program provides access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low-income families.

Acknowledgments

Author:
Maya Bhat, MPH
Washington State Department of Health

Endnotes

¹ Guttmacher Institute. *Unintended Pregnancy in the United States*. Fact Sheet. New York, NY: Guttmacher Center for Population Research Innovation and Dissemination; September 2016. <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>. Accessed October 25, 2016.

² Mosher WS, Jones J, Abma JC. *Intended and Unintended Births in the United States: 1982-2010*. National Health Statistics Reports, No 55. Hyattsville, MD: National Center for Health Statistics; 2012.

³ Cawthon L. *Live births to Washington State resident women born in the US, Mexico or other foreign country by Medicaid status, 2007–2011*. First Steps Database. Olympia, WA: Washington State

Department of Social and Health Services, Research and Data Analysis, 2013.

⁴ Finer LB, Zolna MR. Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception*. 2011; 85(5):478-485.

⁵ Santelli J, Rochat R, Hatfield-Timajchy K, et al. The measurement and meaning of unintended pregnancy. *Perspect Sex Reprod Health*. 2003;35:94-101.

⁶ Finer LB, Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health*. 2006;38(2):90-96.

⁷ Schafer JL. Multiple imputation: a primer. *Stat Methods Med Res*. 1999;8(1):3-15.

⁸ van Buuren S. *Flexible Imputation of Missing Data*. Boca Raton, FL: Chapman & Hall/CRC; 2012.