



# Focus on Unintended Pregnancy

Among Maryland Women Giving Birth, 2001-2005

April 2007

*“ We didn’t think that at my age (42) that I would ... get pregnant again.”*

PRAMS Mother

*“I guess the Norplant had worn off after 15 years ... thought it was still working.”*

PRAMS Mother

*“I didn’t think I could get pregnant and, besides, birth control made me gain weight.”*

PRAMS Mother

Unintended pregnancy may be associated with unhealthy behaviors before, during, and after pregnancy and can adversely affect pregnancy outcomes.

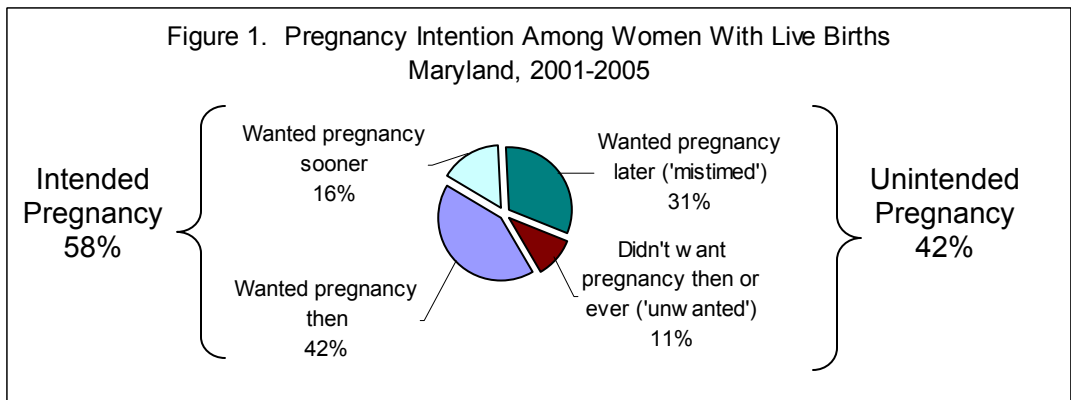
The Maryland PRAMS (Pregnancy Risk Assessment Monitoring System) survey includes the following question:

Thinking back to just before you got pregnant, how did you feel about becoming pregnant?

- a) I wanted to be pregnant sooner
- b) I wanted to be pregnant later
- c) I wanted to be pregnant then
- d) I didn’t want to be pregnant then or at any time in the future

For the purpose of this report, a woman who reported that she wanted to be

pregnant then (c) or sooner (a) was considered to have had an intended pregnancy (58%), a woman who reported that she wanted to be pregnant later (b) was considered to have had a mistimed pregnancy (31%) and a woman who didn’t want to be pregnant then or at any time in the future (d) was considered to have had an unwanted pregnancy (11%) (Figure 1). Mistimed and unwanted pregnancies are typically grouped together and considered to be unintended. However, review of the Maryland PRAMS data suggested that mistimed and unwanted pregnancies are very different in terms of socio-demographic characteristics of the mother, maternal behaviors, maternal risk factors and infant outcomes. Therefore, the two groups are also considered separately for the purpose of this report.

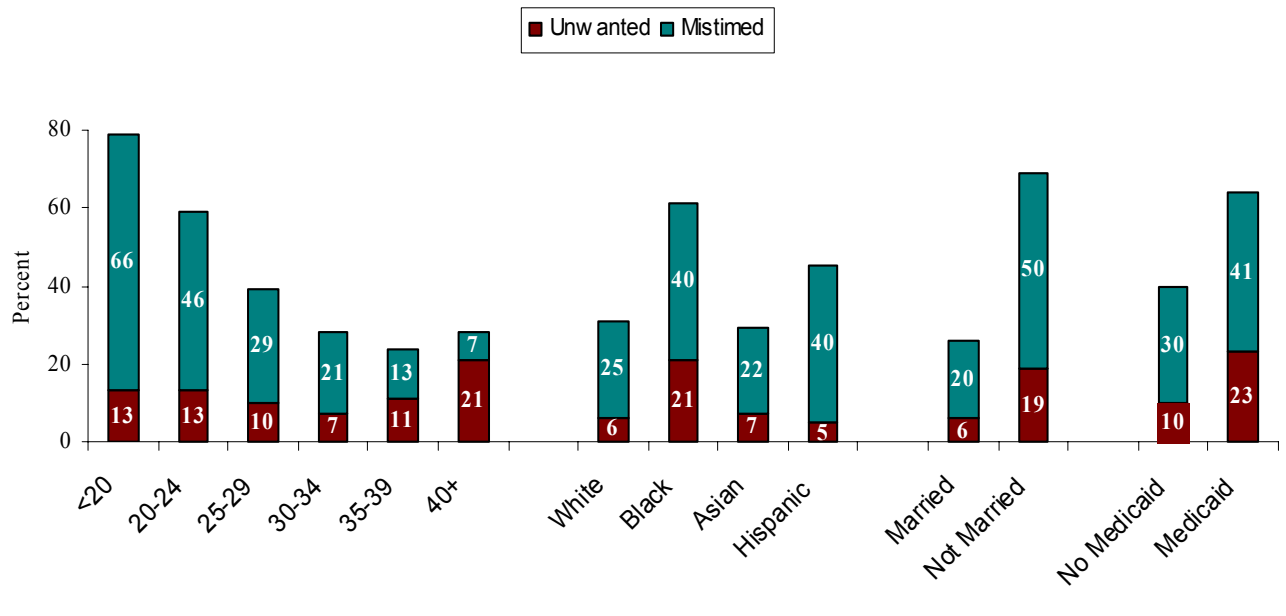


## Factors Associated with Intended, Mistimed, and Unwanted Pregnancy

The percentage of pregnancies that were mistimed was highest among adolescents (66%) and declined sharply with increasing maternal age (Figure 2). The

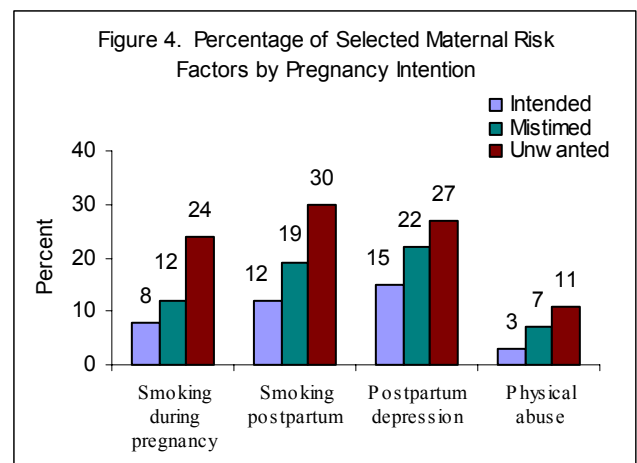
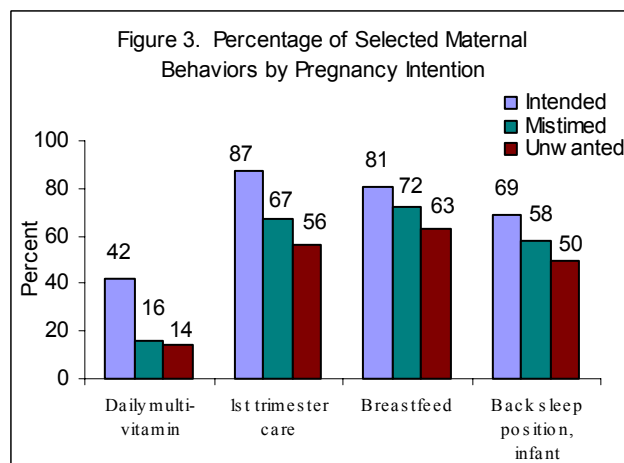
highest percentage of unwanted pregnancies (21%) occurred among women 40 years of age and older and the smallest percentage among women ages

Figure 2. Percentage of Women with Unwanted and Mistimed Pregnancies by Maternal Age, Race/Ethnicity, Marital and Medicaid Status



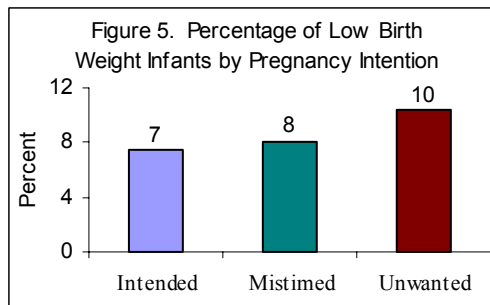
30-34 years (7%). White women and Asian women reported similar rates of mistimed (25% and 22%) and unwanted (6% and 7%) pregnancies. While black and Hispanic women had the same rate of mistimed pregnancies (40%), the rate of unwanted pregnancy was substantially higher among black women (21%) than Hispanic women (5%). Both mistimed pregnancies and unwanted pregnancies occurred much more frequently among unmarried women (50% and 19%) than married women (20% and 6%). Women on Medicaid had higher rates of mistimed and unwanted pregnancies (41% and 23%) than women not on Medicaid (30% and 10%).

In terms of maternal behaviors, women with intended pregnancies were more likely than mothers with mistimed or unwanted pregnancies to take a daily multivitamin with folic acid before pregnancy, initiate prenatal care during the first trimester of pregnancy, breastfeed their infants, and place their infants on their backs to sleep (Figure 3). Mothers with intended pregnancies were less likely to smoke during the last trimester of pregnancy or in the postpartum period, report being depressed in the postpartum period, and report that they were physically abused before pregnancy by a husband or partner (Figure 4).



## Association With Low Birth Weight

Low birth weight infants (<2500 grams) are more likely to be born to women with unwanted pregnancies (10%) than to women with intended (7%) or mistimed (8%) pregnancies (Figure 5). Low birth weight infants are more likely to die or suffer serious health problems than heavier infants.

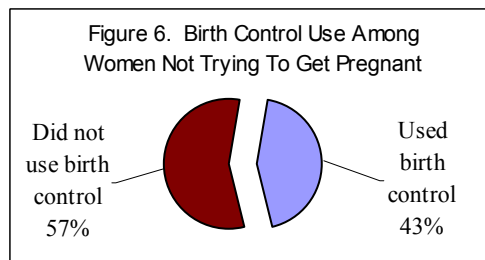


*“I thought I had reached menopause ... but apparently I hadn’t.”*

**PRAMS Mother**

## Birth Control Use at Time of Pregnancy

Forty-three percent of women who were trying to avoid pregnancy reported that



they were using birth control at the time they became pregnant (Figure 6). The most frequently cited reasons among the remaining 57% of women for not using birth control were the belief they could not become pregnant, opposition to the use of birth control by their husbands or partners, and problems obtaining birth control.



## Summary

Over 40% of pregnancies in Maryland that end in a live birth are unintended—mistimed or unwanted. Unwanted pregnancies are more likely to be associated with risk factors or behaviors that may be harmful to the mother and infant than mistimed or intended pregnancies.

The high rate of unintended pregnancies among women using birth control (43%) suggests inconsistent or improper contraceptive usage. Improving access to contraceptive education and supplies will help couples plan pregnancies effectively and increase intended pregnancy rates. Preconception and inter-conception counseling, especially with inclusion of the partner, can clarify common misconceptions about family planning and improve contraceptive compliance.

Maryland PRAMS data showed that mothers with mistimed and unwanted pregnancies are less likely to take a multivitamin, receive early prenatal care, stop smoking, breastfeed, and place their infants to sleep on their backs. They are more likely to experience postpartum depression, be victims of intimate partner violence, and deliver low birth weight infants than mothers with intended pregnancies.

Women with unintended pregnancies, particularly those that are unwanted, may need extra support or referral during pregnancy and postpartum.

*A planned pregnancy may ultimately lead to improved pregnancy outcomes.*

*“My husband was supposed to get a vasectomy...but he got scared.”*

**PRAMS Mother**



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## PRAMS Methodology

Data included in this report were collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system established by the Centers for Disease Control and Prevention (CDC) to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes.

In Maryland, the collection of PRAMS data is a collaborative effort of the Department of Health and Mental

Hygiene and the CDC. Each month, a sample of 200 Maryland women who have recently delivered live born infants are surveyed by mail or by telephone, and responses are weighted to make the results representative of all Maryland births.

This report is based on the responses of 7,513 Maryland mothers who delivered live born infants between January 30, 2001 and November 29, 2005 and were surveyed two to six months after delivery.

## Limitations of Report

A retrospective survey such as PRAMS is subject to recall bias. Ideally, pregnancy intention should be ascertained at the time of pregnancy confirmation, not several months after delivery when feelings about a pregnancy may change significantly.

This survey also does not define the magnitude of a mistimed pregnancy. A woman who would have preferred to

become pregnant three months later may act and feel very differently from a woman who would have preferred to become pregnant three years later.

This report presents only basic associations between risk factors and pregnancy intention. Interrelationships among variables are not described, and could explain some of the findings of the study.

## Resources

There are over 80 family planning service sites in Maryland. No one is refused care because of inability to pay. For more information, go to:  
<http://www.fha.state.md.us/mch/html/clinics.cfm>



Maryland Department of Health and Mental Hygiene  
 Center for Maternal and Child Health • Vital Statistics Administration

Martin O'Malley, Governor; Anthony G. Brown, Lieutenant Governor; John M. Colmers, Secretary

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