

Pregnancy Intent 1990-2000 Michigan PRAMS



Michigan Department of Community Health

Healthy Mothers, Healthy Babies Coalition Conference
June 10th, 2004



Background Overview of Problem

- Almost 50% of all pregnancies in the U.S. are estimated to be unintentional
 - 1995 National Survey of Family Growth (NSFG):
49% of all pregnancies in the United States (excluding miscarriages) and 31% of pregnancies resulting in a live birth were unintended
- Half of all unintended pregnancies end in abortions



Background Overview of Problem (cont.)

- **Women with unintended pregnancies are:**
 - Less likely to seek early prenatal care
 - More likely to expose their fetus to alcohol and tobacco
- **Infants experience more risks that threaten survival and thriving in the first year of life:**
 - A low birth weight (in short intervals between pregnancies) is 10-15% more likely
 - More likely to be abused (in extreme situations)
 - More likely to be born to a high risk mother (teen, unmarried and over age 40)



Pregnancy intent

- **Healthy People 2010 goal:** to increase intended pregnancies from 51% to 70% (*reduce unintended from 49% to 30%*)
- **Healthy Michigan 2010 goal:** to increase intended pregnancies by focusing on reducing the Medicaid pregnancy disparity (*reduce Medicaid unintended from 65% to 55%*)



Background: Definitions

Data regarding unintended pregnancy was derived from the following question in the PRAMS survey tool:

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

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future



Background: Definitions (cont.)

Based on the previous question:

- An unintended pregnancy is defined as wanting to be pregnant later or not wanting to be pregnant then or at any time in the future
- Unintended pregnancies is subdivided into two categories:
 - Mistimed pregnancies, and
 - Unwanted pregnancies



Background: Definitions (cont.)

Based on the same question:

- A mistimed pregnancy is defined as wanting to be pregnant later
- An unwanted pregnancy is defined as not wanting to be pregnant then or at any time in the future



Methodology

Source of data: Pregnancy Risk Assessment Monitoring System (PRAMS):

- Population based survey of maternal behaviors and experiences before and during a woman's pregnancy and during early infancy of her child
- Designed by CDC with state added questions
- Conducted annually

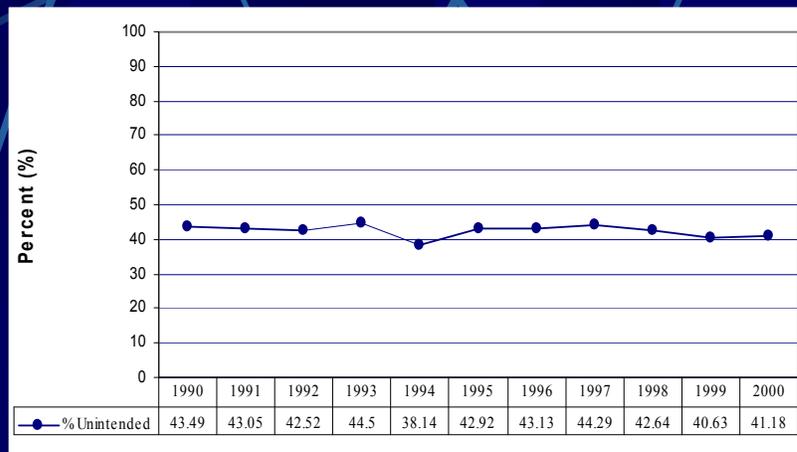


Methodology (cont.)

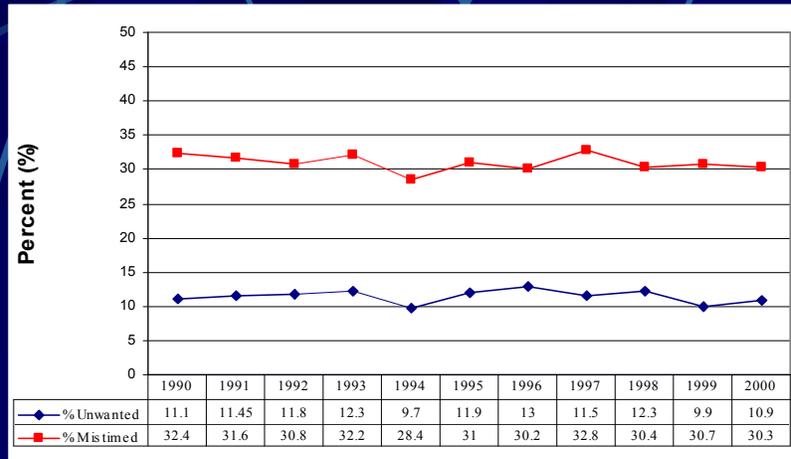
- Data: 1990-2000 Michigan PRAMS
- Over-sampling of:
 - Black mothers, and
 - Low birth weight infants
- Data weighted for race, birth weight, maternal age, education, marital status, and non-response
- SAS and SUDAAN used for data analysis
- Unintended pregnancy defined as mistimed and unwanted



Trends of unintended pregnancies in Michigan 1990-2000 PRAMS



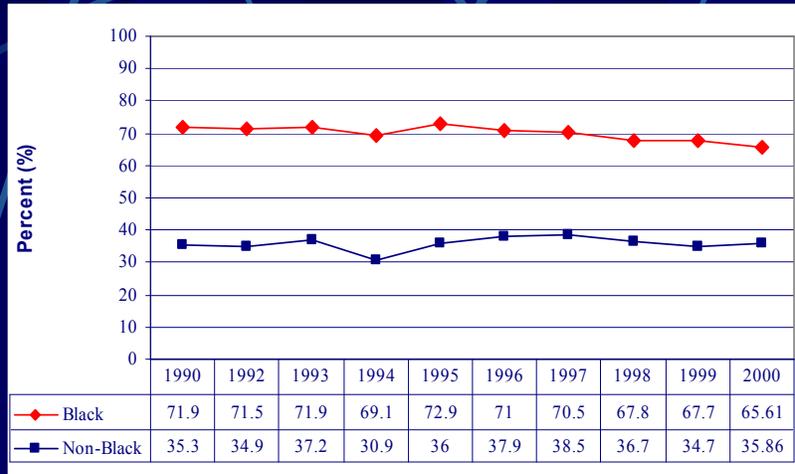
Trends of mistimed and unwanted pregnancies in Michigan 1990-2000 PRAMS



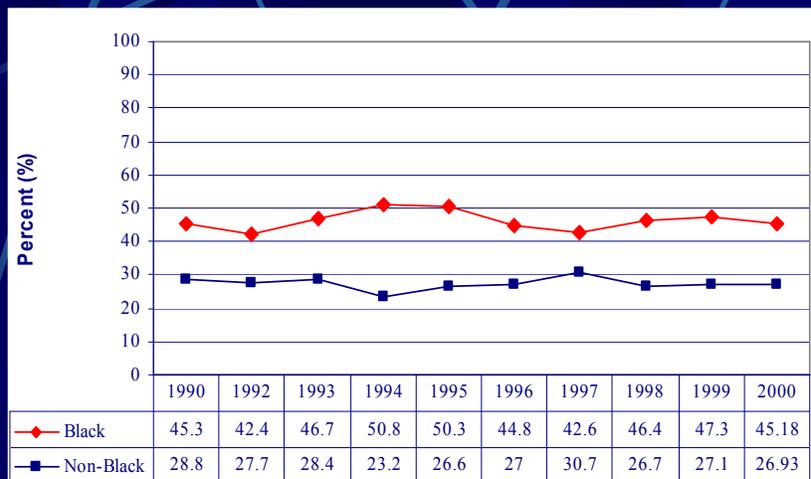
Pregnancy intention Demographic characteristics



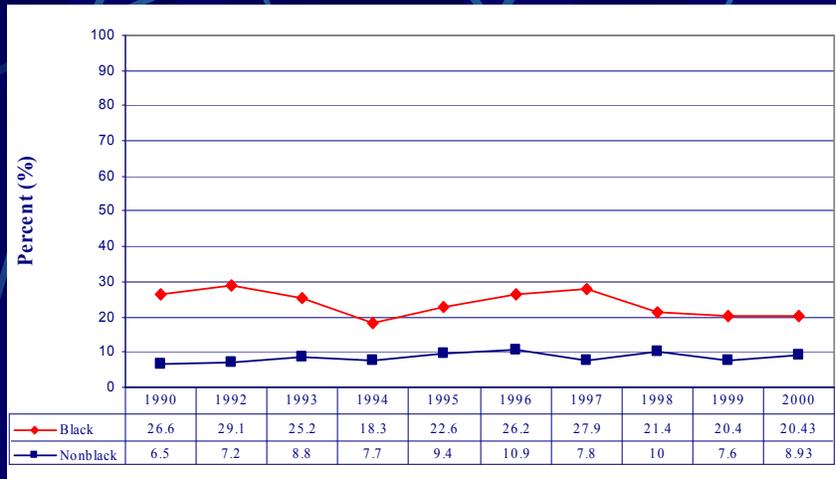
Trend in unintended pregnancy by race/ethnicity in Michigan, 1990-2000 PRAMS



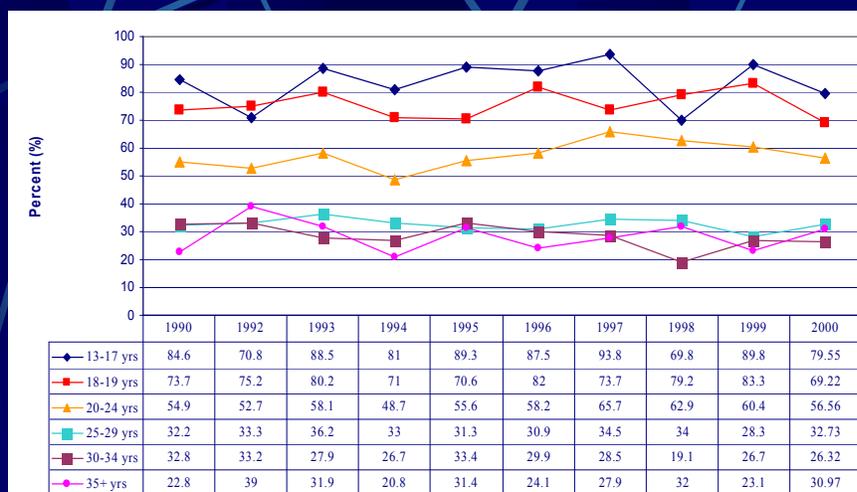
Trend in mistimed births by race/ethnicity in Michigan, 1990-2000 PRAMS



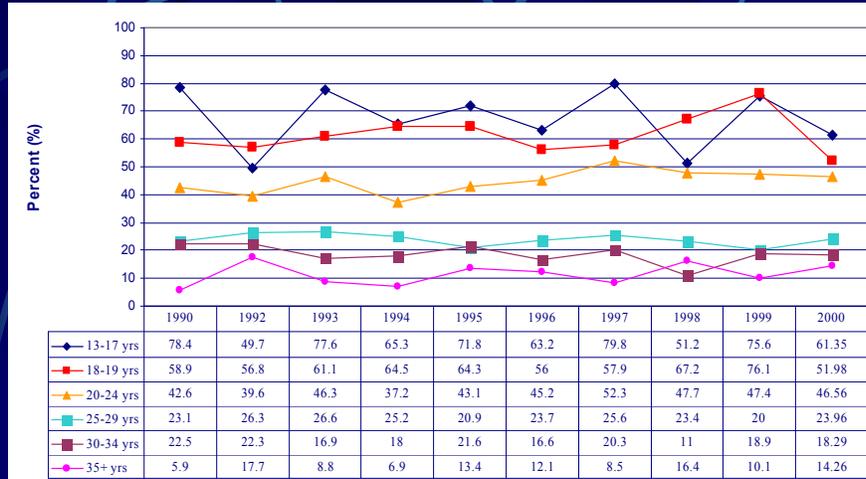
Trend in unwanted births by race/ethnicity in Michigan, 1988-2000 PRAMS



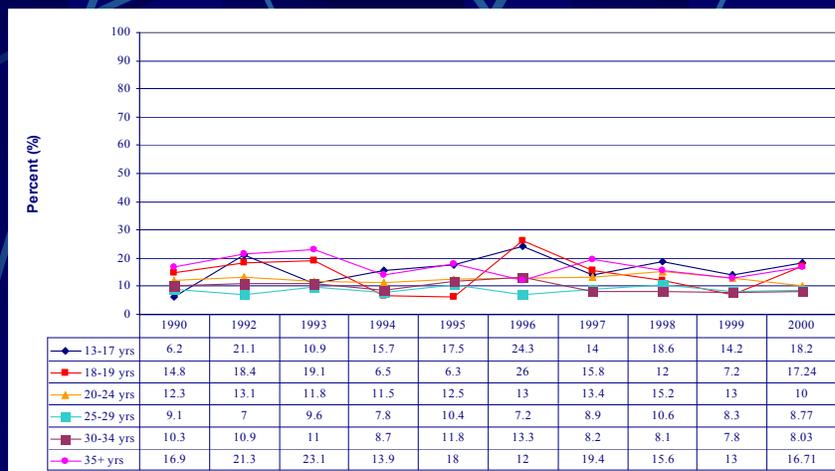
Trend in unintended pregnancy by maternal age in Michigan, 1990-2000 PRAMS



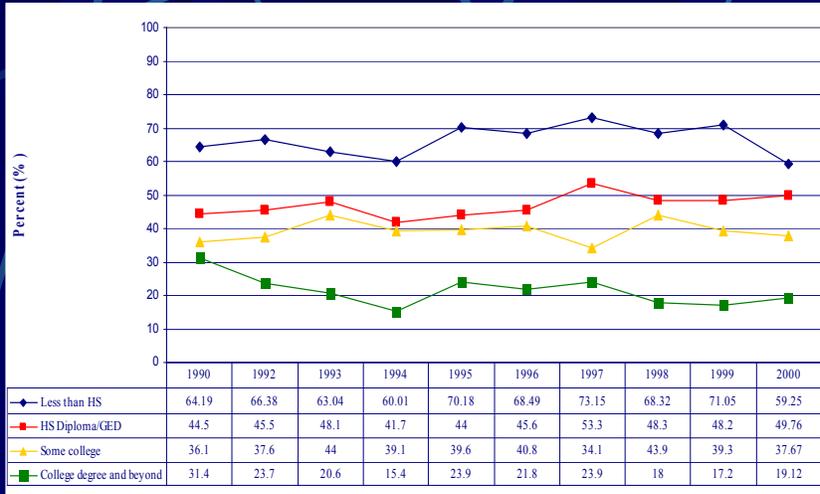
Trend in mistimed births by maternal age in Michigan, 1990-2000 PRAMS



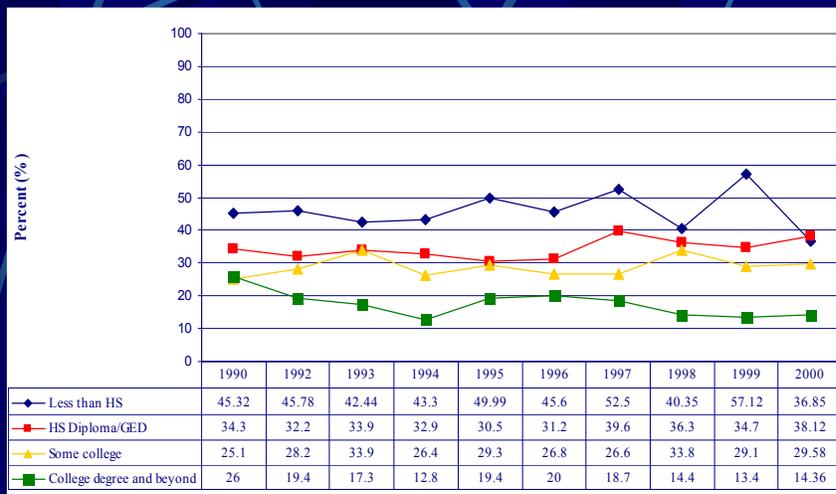
Trend in unwanted births by maternal age in Michigan, 1990-2000 PRAMS



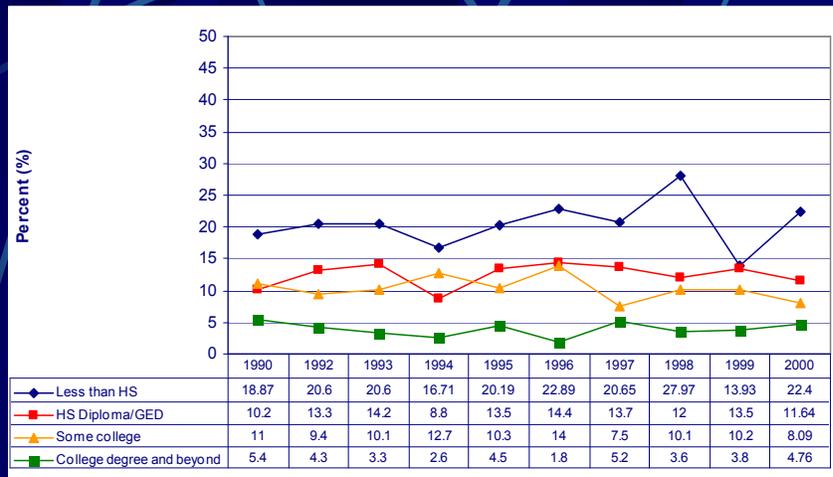
Trend in unintended pregnancy by maternal education in Michigan, 1990-2000 PRAMS



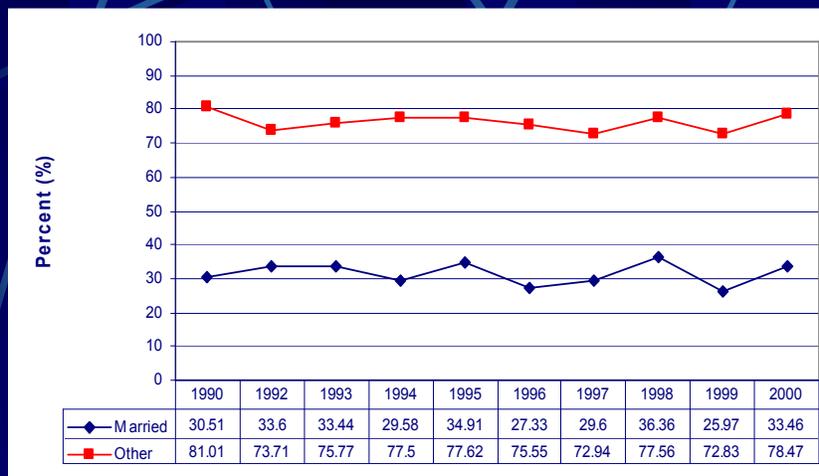
Trend in mistimed births by maternal education in Michigan, 1990-2000 PRAMS



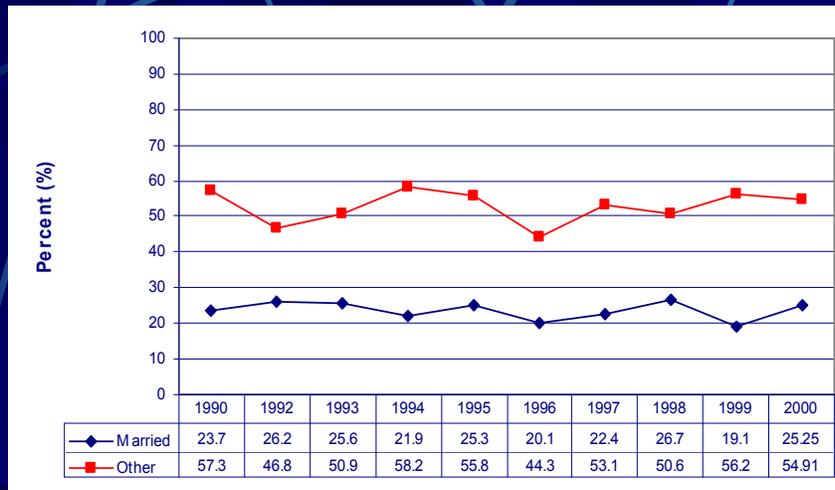
Trend in unwanted births by maternal education in Michigan, 1990-2000 PRAMS



Trend in unintended pregnancy by marital status in Michigan, 1990-2000 PRAMS

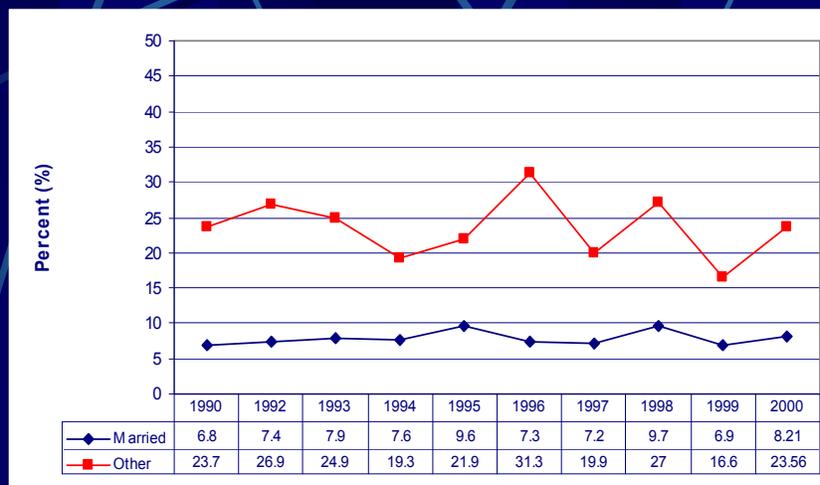


Trend in mistimed births by marital status in Michigan, 1990-2000 PRAMS



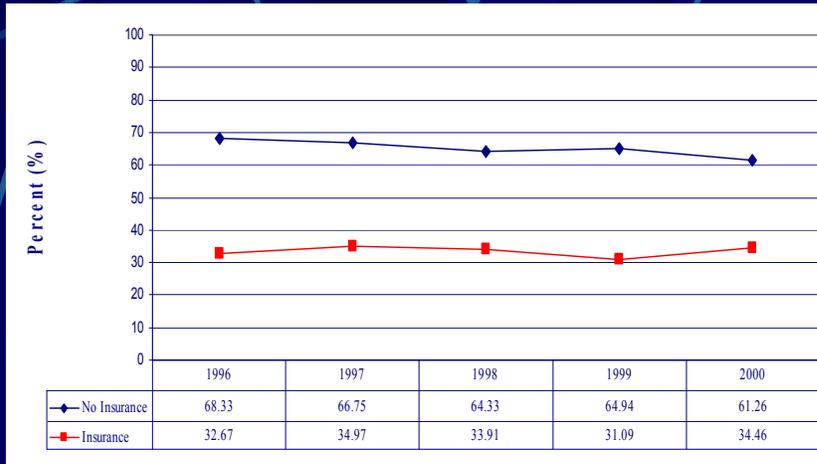
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Trend in unwanted births by marital status in Michigan, 1990-2000 PRAMS

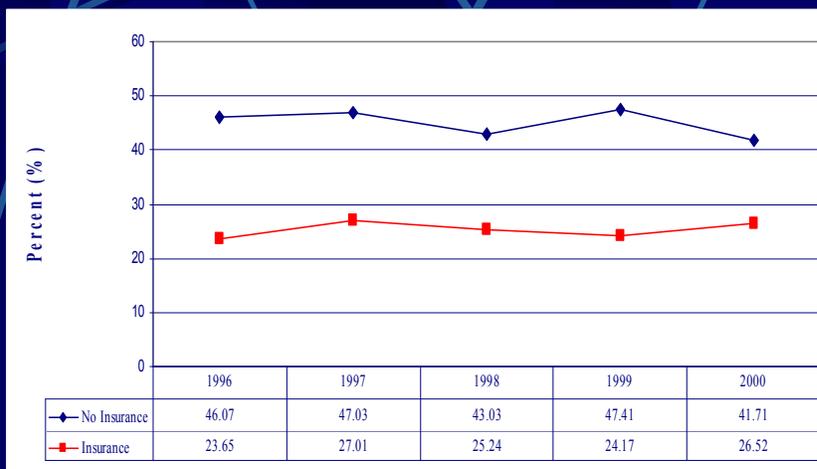


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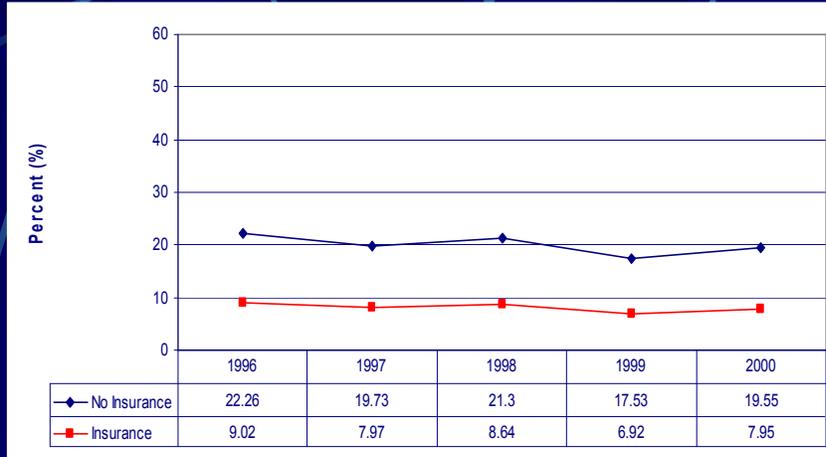
Trend in unintended pregnancy by pre-pregnancy insurance status in Michigan, 1996-2000 PRAMS



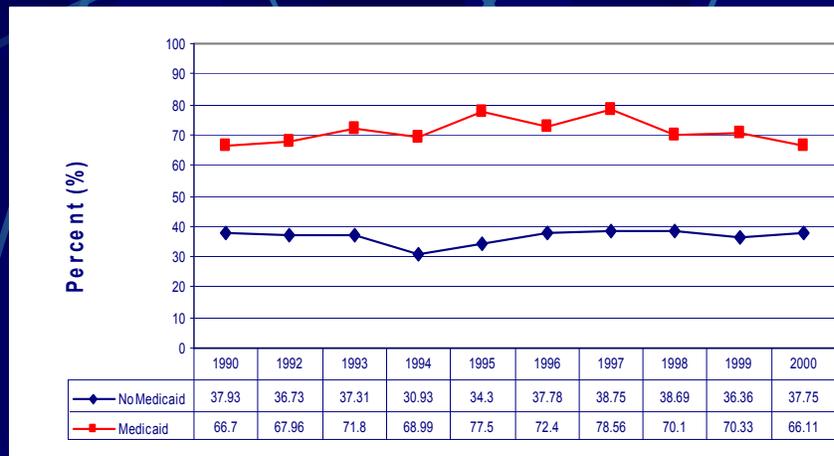
Trend in mistimed births by pre-pregnancy insurance status in Michigan, 1996-2000 PRAMS



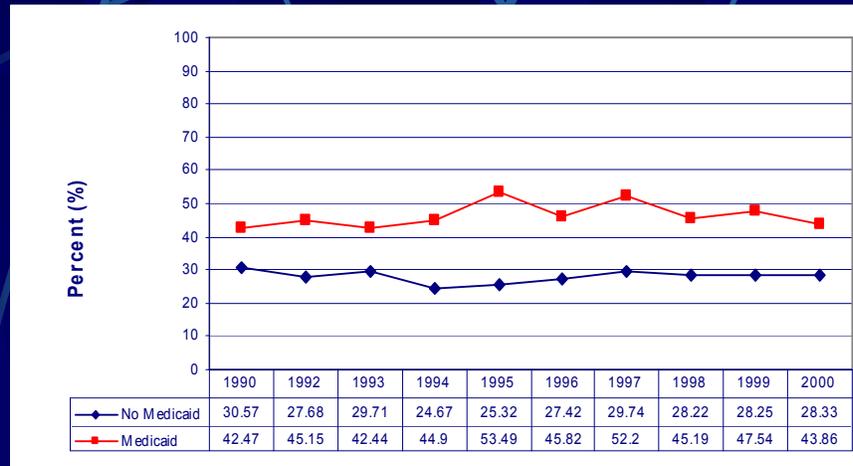
Trend in unwanted births by pre-pregnancy insurance status in Michigan 1996-2000 PRAMS



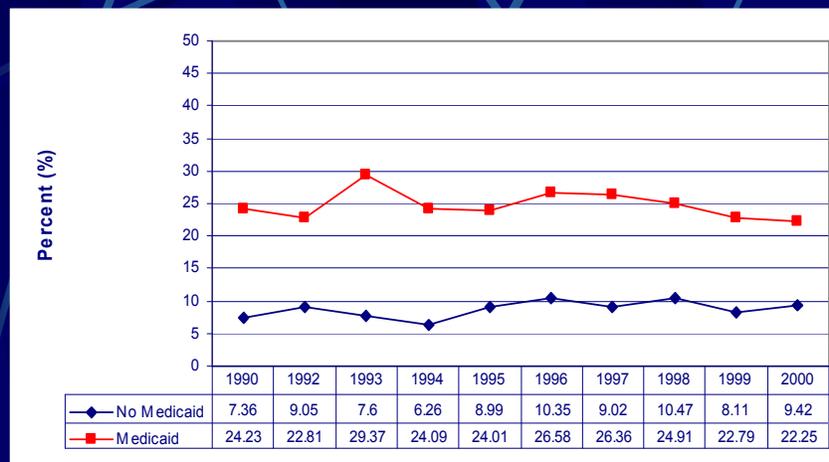
Trend in unintended pregnancy by pre-pregnancy Medicaid status in Michigan 1990-2000 PRAMS



Trend in mistimed births by pre-pregnancy Medicaid status in Michigan 1990-2000 PRAMS



Trend in unwanted births by pre-pregnancy Medicaid status in Michigan, 1990-2000 PRAMS



Conclusions



3

Unintended pregnancy is:

- 3.41 times (95%CI for OR: 2.70-4.32) more likely in Black than non-Black women
- 3.01 times (95%CI for OR: 2.20-4.11) more likely in women without than to those with health insurance before pregnancy
- 3.22 times (95%CI for OR: 2.19-4.72) more likely in women enrolled in Medicaid than to women who are not

3

Unintended pregnancy is:

- 10.96 times (95%CI for OR: 4.29-27.97) more likely in women age 13-17 years
- 6.29 times (95%CI for OR: 3.45-11.49) more likely in women age 18-19 years
- 3.65 times (95%CI for OR: 2.39-5.57) more likely in women age 20-24 years
- 1.36 times (95%CI for OR: 0.91-2.05) more likely in women age 25-29 years
- 1.26 times (95%CI for OR: 0.74-2.13) more likely in women age 35+ years

When compared to the reference group of women age 30-34 years found as having the lowest percent of unintended pregnancy.



Unintended pregnancy is:

- 6.15 times (95%CI for OR: 3.77-10.05) more likely in women with less than a HS education
- 4.19 times (95%CI for OR: 2.75-6.38) more likely in women with a HS diploma or GED
- 2.56 times (95%CI for OR: 1.64-3.99) more likely in women with some post secondary education

When compared to women with at least a college degree, found as having the lowest percent of unintended pregnancy.



Unintended pregnancy is:

- 6.97 times (95%CI for OR: 3.81-12.75) more likely in women with an annual household income of \$10,000 or less
- 4.40 times (95%CI for OR: 2.71-7.15) more likely in women an annual household income between \$10,001-\$20,000
- 2.61 times (95%CI for OR: 1.59-4.27) more likely in women with an annual household income between \$20,001-\$30,000
- 1.47 times (95%CI for OR: 0.90-2.38) more likely in women with an annual household income between \$30,001-\$40,000

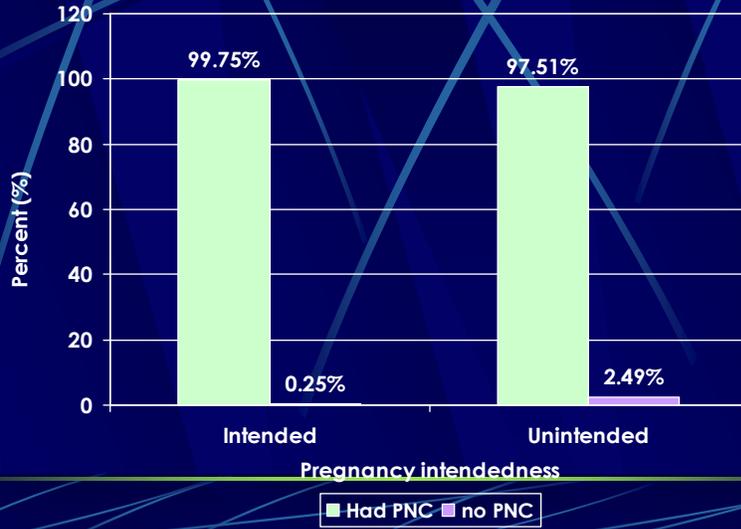
When compared to women with an annual household income of over \$40,001 found as having the lowest percent of unintended pregnancy



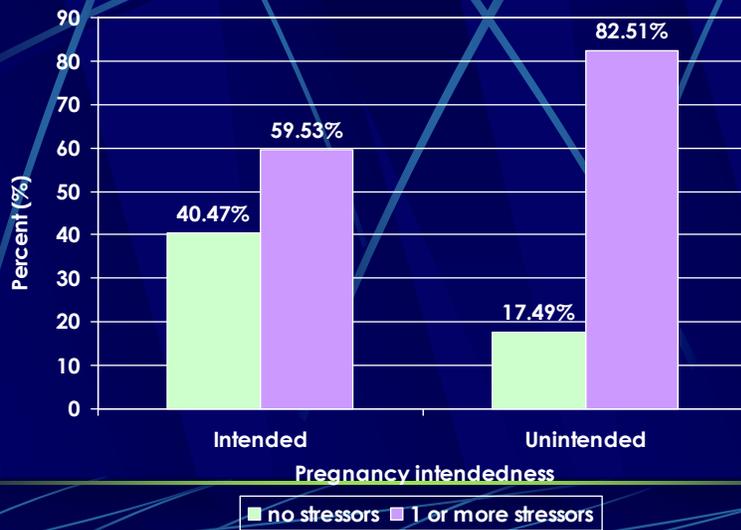
Pregnancy intent Risks/Consequences



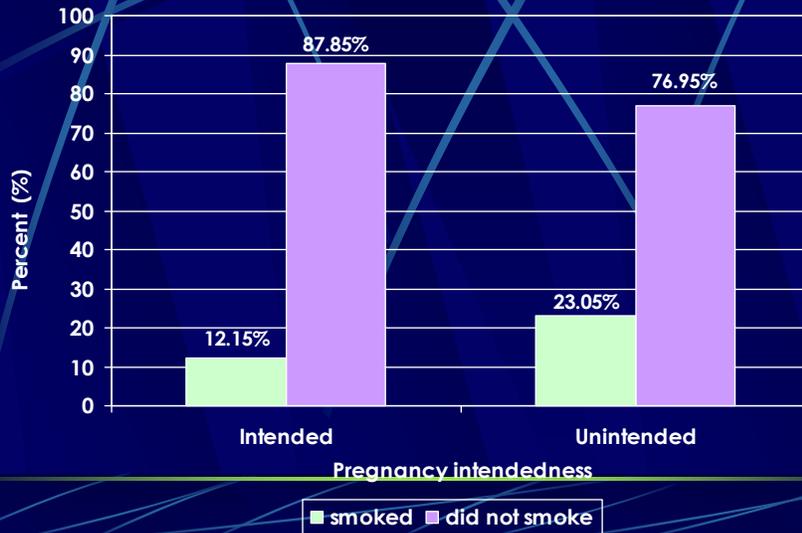
No PNC during pregnancy by pregnancy intention, 2000 PRAMS



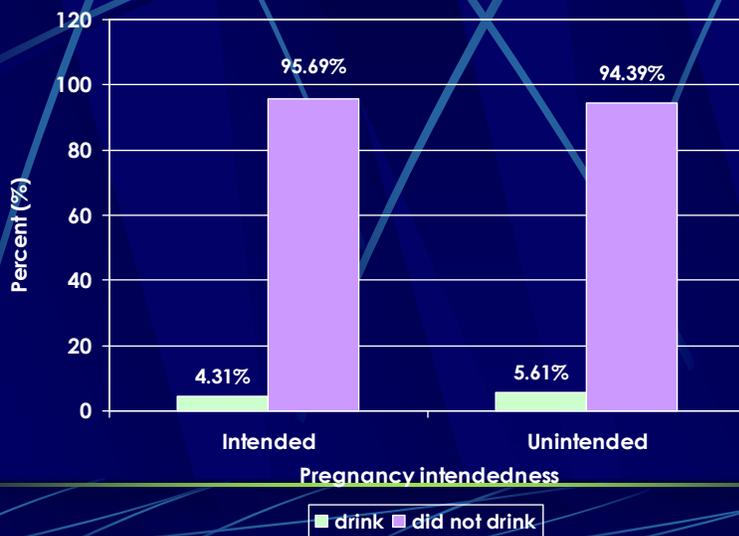
Stressors during pregnancy by pregnancy intention, 2000 PRAMS

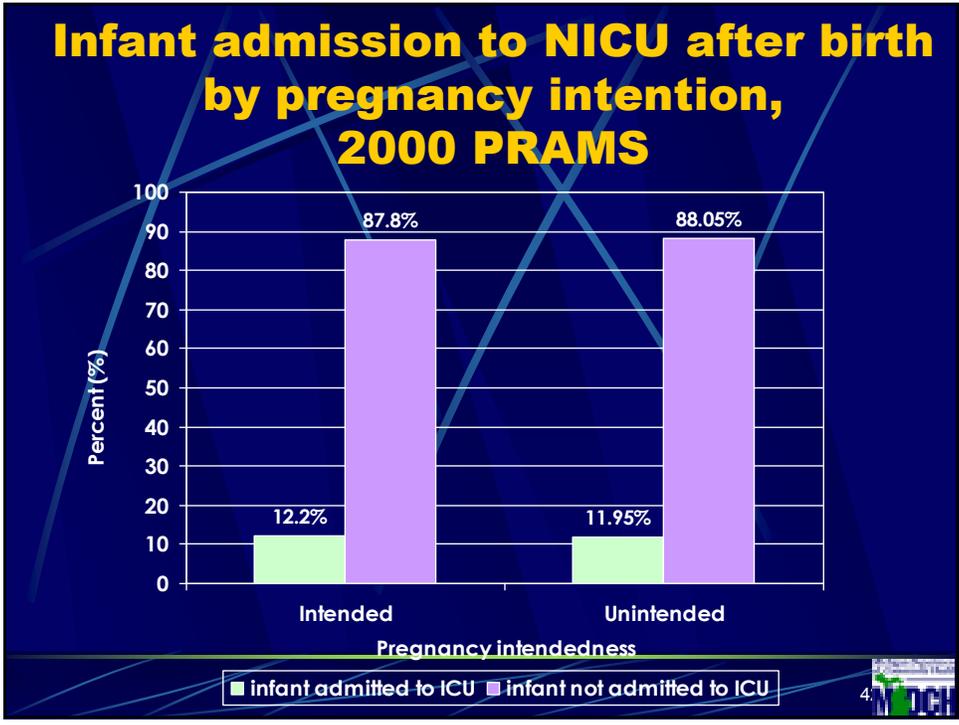
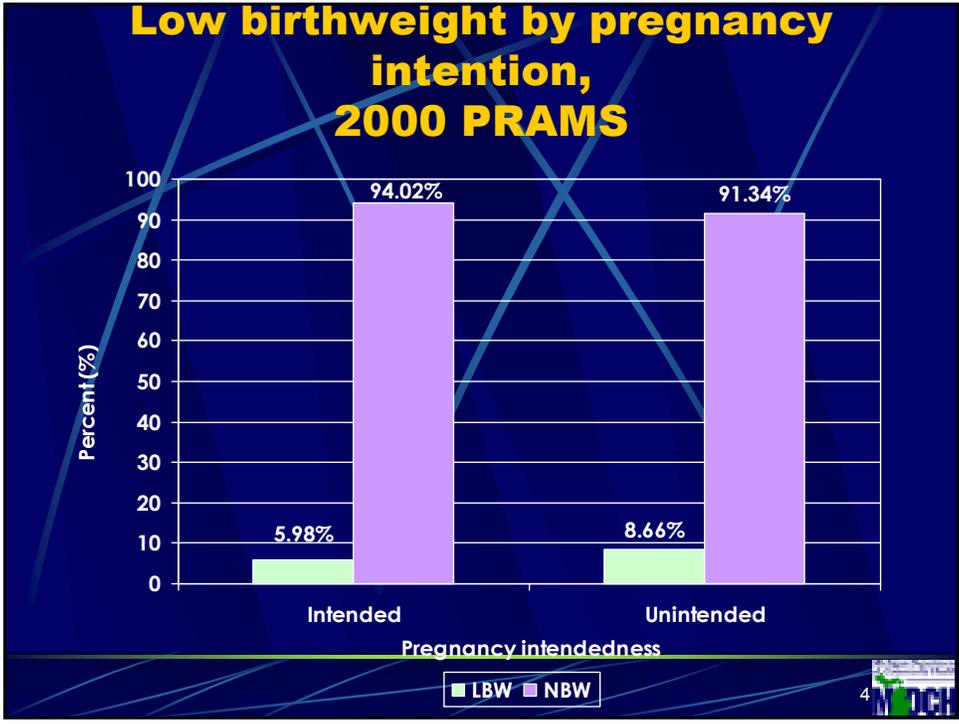


Smoking during pregnancy by pregnancy intention, 2000 PRAMS



Alcohol use during pregnancy by pregnancy intention, 2000 PRAMS





Conclusions 2000 PRAMS

In women with an unintended pregnancy:

- Delivering a LBW infant is 1.49 times (95%CI for OR: 1.22-1.82) more likely
- Not receiving any prenatal is 10.39 times (95%CI for OR: 3.40-31.70) more likely
- Experiencing one or more stressors is 3.21 times (95%CI for OR: 2.33-4.42) more likely
- Smoking during pregnancy is 2.17 times (95%CI for OR: 1.49-3.15) more likely



Summary



Profile of women having an unintended pregnancy in Michigan

- The overall prevalence of unintended pregnancies in Michigan in 2000 was 41.18%
- In 2000, the prevalence were highest in:
 - Black women
 - Females age 13-17 years
 - Women with less than a HS diploma/GED
 - Women who are not married
 - Women with no insurance
 - Women on Medicaid, and
 - Women with an annual household income of \$10,000 or less



Overall

- The trend in mistimed and unwanted pregnancies among the various demographic groups has not experienced any significant changes
- Pregnancy intention may be a risk indicator for adverse pregnancy outcomes



Increasing pregnancy intention may:

- Reduce health care costs
- Increase healthy birth outcomes
- Decrease need for welfare assistance to support families
- Decrease maternal mortality
- Reduce the number of abortions



THANK YOU!

