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| **Unplanned Pregnancy**  **CSPH Priority Review** | | |
| **Indicator** | **Value** | **Notes** |
| Prevalence | In Texas, 62 percent of all births are unplanned (51 percent are mistimed , 9.8 percent are unwanted)1  In terms of age, 76 percent of pregnancies experienced by <20 year olds, 68 percent of pregnancies among 20-24 year olds, 55 percent of pregnancies among 25-30 year olds, and 64 percent of pregnancies among 35+ year olds are unplanned in Texas.1  Overall, 71 percent of pregnancies among unmarried young adults in Texas are unplanned.2  In the United States, 49 percent of pregnancies are unintended.3 | There are approximately 400,000 births per year in Texas, according to Texas Vital Statistics.  The PRAMS data used focuses on pregnancies that resulted in a live birth.  Unplanned pregnancy is often referred to as “unintended pregnancy.” This includes Unwanted (did not want to be pregnant at all) PLUS Mistimed (wanted to be pregnant, but later.) Intended = Wanted to be pregnant then, or sooner PLUS Indifferent.4 |
| Prevalence Trend | In Texas, the proportion of unwanted births significantly increased from 2002 to 2007; however there were no significant changes in the proportion of on-time and mistimed pregnancies. The prevalence of unwanted pregnancies was 9 percent in 2002, versus 9.8 percent in 2007.1  In the U.S., the percent of unplanned pregnancies has stayed largely consistent, with 57 percent in 1988, 49 percent in 1995, and 49 percent in 2002.4 |  |
| Disparity | In Texas, 75 percent of pregnancies experienced by African American women, 62 percent of pregnancies experienced by Hispanic women, and 55 percent of pregnancies experienced by white women were either mistimed or unwanted in 2007.1  In 2007, the majority of unwanted pregnancies in Texas occurred among African American women (18.9 percent), women with a household income under $15K/year (13.6 percent), women on Medicaid (11.9 percent), and women who were unmarried (15.5 percent). 1  In the U.S., the majority of unplanned pregnancies (38 percent) occur among unmarried women ages 20-29.4  In the U.S., 62 percent of pregnancies among those living at <100 percent poverty are unplanned, versus 57 percent for those at 100-199 percent poverty and 38 percent for those at >=200 percent of poverty.4  69 percent of pregnancies in the U.S. among Black women are unplanned, versus 54 percent for Hispanics and 40 percent for Whites. 4 | Data for Texas comes from a 2007 DSHS PRAMS survey of 1893 women. Overall, 51.4 percent of these women reported a mistimed pregnancy, 37.6 percent reported an on-time pregnancy, and 9.8 reported an unwanted pregnancy. |

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| Premature Mortality | According to Texas DSHS, in 2008 conditions arising in the perinatal period was the 4th leading cause of premature mortality with 73,625 YPLL, with a rate of 3.4 5  Unintended pregnancy is associated with increased morbidity and mortality for the mother and infant. Lifestyle factors (e.g., smoking, drinking alcohol, unsafe sex practices, and poor nutrition) and inadequate intake of foods containing folic acid pose serious health hazards to the mother and fetus and are more common among women with unintended pregnancies.6 | No specific figures were found for Texas or the U.S., although unintended pregnancy is widely recognized as a risk factor for maternal mortality and morbidity. YPLL is provided for pregnancy in general.  More data is available on the international level, where it has been estimated that reducing the prevalence of unintended pregnancies through increased access to contraception in developing countries would prevent 640,000 newborn deaths and 150,000 maternal deaths each year. 7 |
| **Other Indicators** | | |
| Health Costs | The public cost in Texas is estimated at $1.2 billion per year as a result of births from unplanned pregnancies experienced by women on Medicaid. 2  Nationwide, direct medical costs, including costs associated with birth, abortion, and miscarriage were estimated at $5 billion in 2002. The public cost of births resulting from unintended pregnancies in the U.S. was $11 billion in 2006, including costs for prenatal care, labor and delivery, post-partum care, and 1 year of infant care.8 | No figure or cost found for all unintended pregnancies in Texas. |
| Productivity Costs |  | No specific figures were found for costs. In general, unplanned pregnancy can often disrupt the education and career paths of parents, while also imposing expenses that come with raising a child.  Unplanned pregnancies have been found to increase the risk of dropping out or stopping college—61% of women who have children after enrolling in community college fail to finish their degree, which is 65% higher than the rate for those who didn’t have children.9 |
| Health-Related Quality of Life (QALY) | In 2008, it was estimated that globally 37,070 DALYs (disability-adjusted life years) could be saved for women, and 70,060 for newborns as a result of increased contraceptive use among women who want to avoid pregnancy. 7 | There was no QALY information found on unintended pregnancy in Texas or the U.S. However, DALY information is provided for developing countries. |
| Quality of Care Problem | 18.8 percent of respondents 18 years and older in 2010 reported they could not see a doctor in the past 12 months because of cost. 10  23.1 percent of respondents 18 years and older in 2010 reported having no health insurance. 10  10.8 percent of women 18 years and older in 2010 reported they were not receiving services for female health concerns from any source. 11 | This is primarily an access to care issue, including access to contraception, counseling, routine women’s health care, etc. |

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| Downstream Impact | Yes | For mother: Late/inadequate prenatal care; violence while pregnant; higher incidence of smoking, drug and alcohol use; dropping out of college; upset career plans. For infant: Low birth weight; risk of premature birth; reduced breastfeeding initiation; reduced cognitive, behavioral, and emotional; increased risk for child abuse and neglect.2,12 |
| Leading Health Indicator, HP | No | But this is the HP 2020: Increase the proportion of pregnancies that are intended ( FP-1) |
| Meaningful Use Requirement, HEDIS, AHRQ | HEDIS – Access/availability of prenatal and postpartum care.  AHRQ – Birth Trauma; Low birth weight; Maternity Care; Neonatal Mortality; Obstetric Trauma | No meaningful use measures. Other quality measures focus on care for pregnant women and on labor/delivery and birth outcomes. |
| Texas Legislation | There were 12 Bills filed last session related to unplanned pregnancy, including bills to continue or expand the Medicaid Women’s Health Program, and bills concerning sexual health education. | No bills passed, but there was successful passage of a rider to reinstate WHP. |
| TMA Activities | TMA’s Committee on Maternal and Perinatal Health has adopted unplanned pregnancy as a priority, stating that the committee will work to ensure that all pregnant women in Texas receive adequate prenatal care and that all pregnancies are planned and carried to full term with the best possible health outcomes for both mother and baby. In addition, TMA adopted the legislative agenda of Healthy Futures of Texas this past session and provided testimony on related issues. |  |

**Discussion**

Unplanned pregnancy encompasses many other issues, including access to women’s health and family planning services, and teen pregnancy. The [Community Guide](http://www.thecommunityguide.org/hiv/index.html) includes several recommended strategies for prevention of STIs and pregnancy among adolescents, including reducing risk behaviors such as frequency of sexual activity and number of partners, and increasing use of pregnancy and STI protection.

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DSHS. PRAMS 2007. <http://www.dshs.state.tx.us/mch/pdf/2007_PRAMS_Annual_Report.pdf>

2 Healthy Futures of Texas 2011 Fact Sheet. [Unplanned Pregnancy: The consequences for our communities](http://www.healthyfuturestx.org/wp-content/uploads/2011/06/UP-in-Texas-Fact-Sheet-for-Policymakers-3-11.pdf)

3 Guttmacher Institute. [Disparities in Rates of Unintended Pregnancy In the United States, 1994 and 2001](http://www.guttmacher.org/pubs/journals/3809006.pdf)

4 Healthy Futures of Texas. 2009 Report. [Preventing Unplanned Pregnancy.](http://174.120.149.93/~blonde/hftx/documents/HFA72709UP.pdf)

5 DSHS. 2008 Mortality. <http://www.dshs.state.tx.us/CHS/VSTAT/latest/nmortal.shtm>

6 CDC 1999 MMRW Report. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm>

7 Guttmacher Institute. [Adding it Up: The costs and benefits of investing in family planning and maternal and newborn health.](http://www.guttmacher.org/pubs/AddingItUp2009.pdf)

8 National Campaign to Prevent Teen Pregnancy. 2009 Fast Facts. [Direct medical costs of unplanned pregnancy](http://www.thenationalcampaign.org/resources/pdf/FastFacts_DirectCosts_UnplPreg.pdf)

9 National Campaign to Prevent Teen Pregnancy. 2009 Brief. [Unplanned Pregnancy and Community Colleges](http://www.thenationalcampaign.org/resources/pdf/briefly-unplanned-pregnancy-and-community-colleges.pdf)

10 DSHS. BRFSS 2010. <http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm>

11 DSHS. BRFSS 2010. Source of Services for Female Health Concerns, Texas.

12 CDC. PRAMS 2002. <http://www.cdc.gov/prams/2002PRAMSSurvReport/MultiStateExhibits/Multistates1.htm>