

Public Health Data Watch

Unintended Pregnancy and Birth King County, 1993-1996

Unintended Pregnancy Affects Women and Families of All Ages, Incomes, and Racial Groups

The **Healthy People Year 2000** objective for the nation is to reduce the proportion of pregnancies that are unintended to 30% or less, yet the rate in King County is 55%.

Studies show that women who give birth from an unintended pregnancy have an increased risk of:

- alcohol, tobacco, and other substance use during pregnancy.
- intimate partner violence.
- maternal depression.
- divorce or separation from their partner.
- losing educational and financial opportunities.

Studies also show that infants and children born from an unintended pregnancy have an increased risk of:

- being born low birthweight.
- dying in the first year of life.
- child abuse, neglect, and poor child health and development.

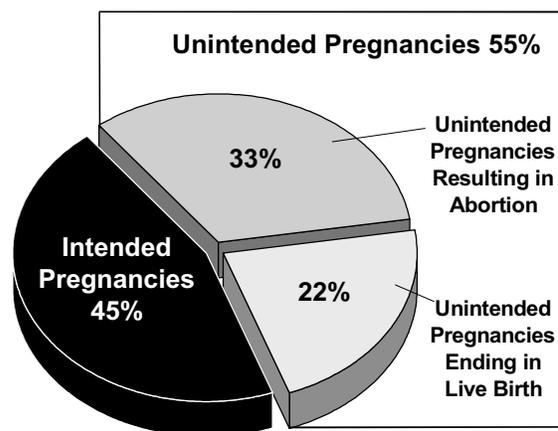
An unintended pregnancy is a pregnancy that, from the perspective of the woman, is either unwanted or mistimed (occurring earlier than desired) at the time of conception.

Unintended Pregnancy in King County, 1993-1996

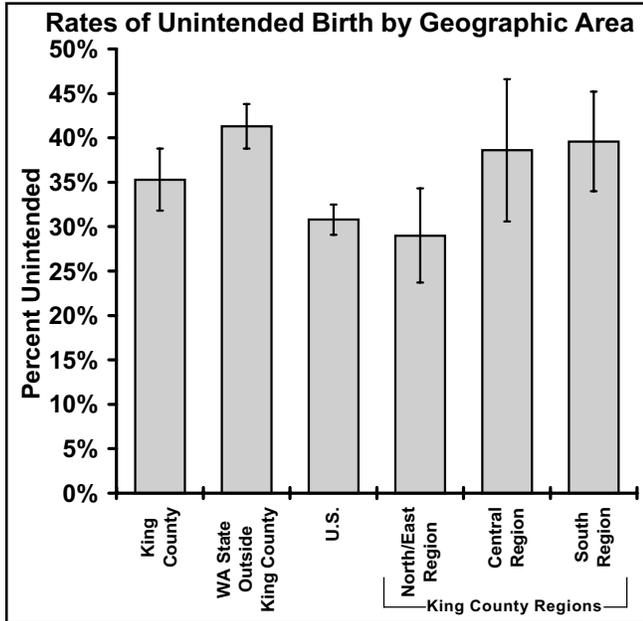
- Between 1993 and 1996, an estimated 55% of all pregnancies in King County were unintended. There was an average of 17,590 unintended pregnancies annually.
- The rate of unintended pregnancy in King County is higher than the national estimate of 49%.
- 33% of pregnancies are unintended and end in abortion; 22% are unintended and carried to term.

The remainder of this report focuses on births resulting from unintended pregnancies, which we will call **unintended births**.

Pregnancies by Intention Status and Outcome

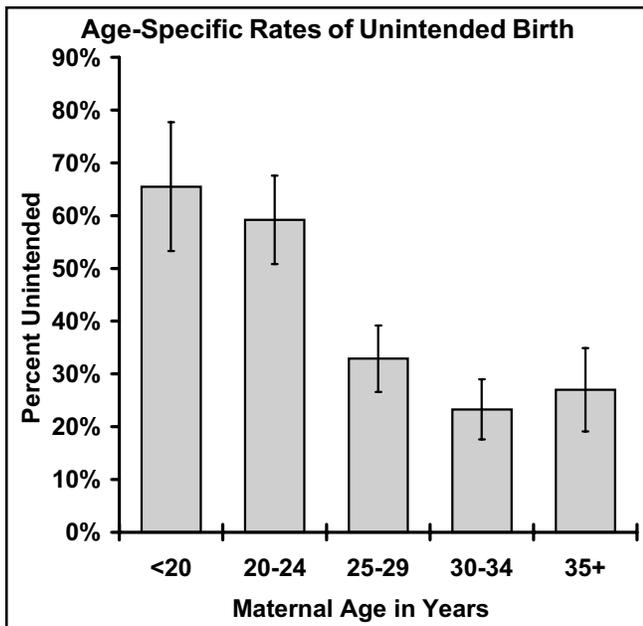


Unintended Births by Geographic Area, 1993-1996

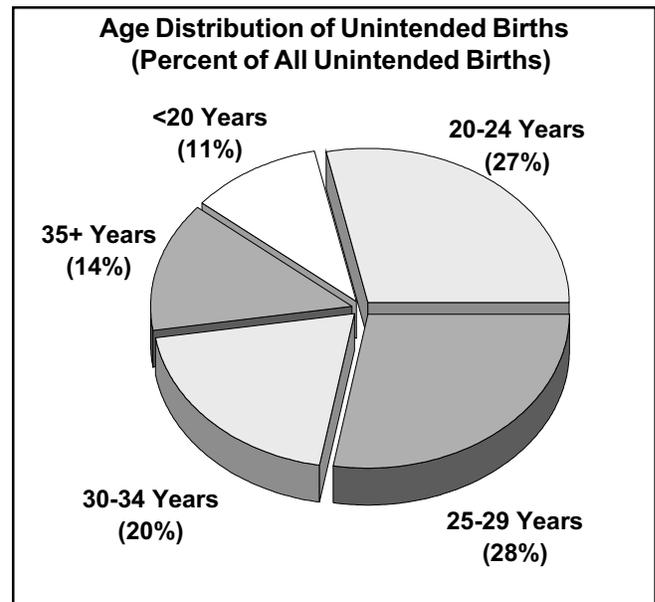


- The proportion of unintended births was significantly lower in King County (35%) compared to Washington State outside of King County (41%). Both areas have higher rates than the most recent national estimate (31%).
- The rate of unintended births varied by Region of the county, with the highest rate in South Region (40%) and the lowest rate in North/East Region (29%). These differences were not statistically significant however.

Unintended Births by Maternal Age, King County, 1993-1996

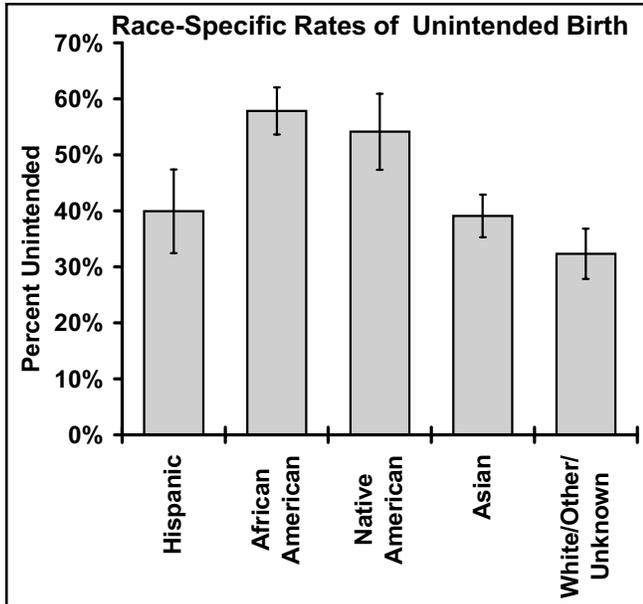


- Among King County women, rates of unintended birth were:
 - highest among women younger than age 20 (65% of all births) and women age 20 to 24 years (59%).
 - lowest among women age 30 to 34 years (23%).



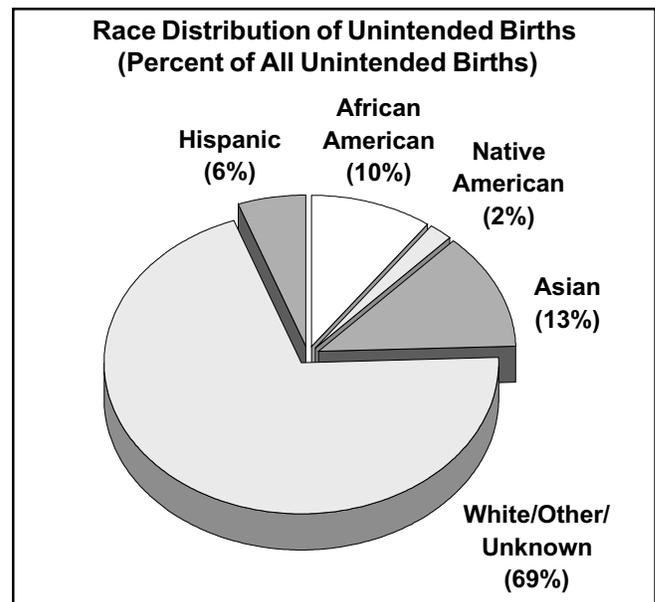
- While women younger than age 20 had the highest rate of unintended births, only 11% of all unintended births were to women in this age group.
- The majority (55%) of unintended births were to women age 20 to 29.

Unintended Births by Race, King County, 1993-1996



- Among women living in King County, rates of unintended birth were:
 - highest among African American (58%) and Native American women (54%).
 - lowest among white women (32%).
- Asian and Hispanic women had rates of unintended birth that were similar to white women.

- Since most births in King County are among white women, most unintended births (69%) also occurred in this group.

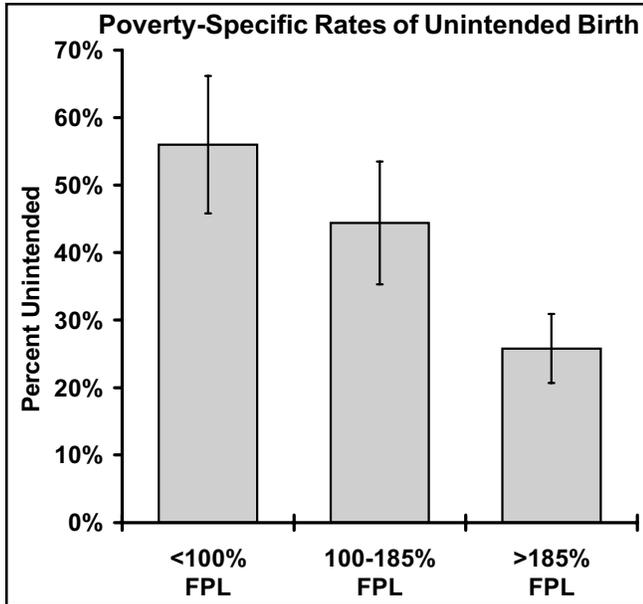


Notes on Presenting Data by Race/Ethnicity

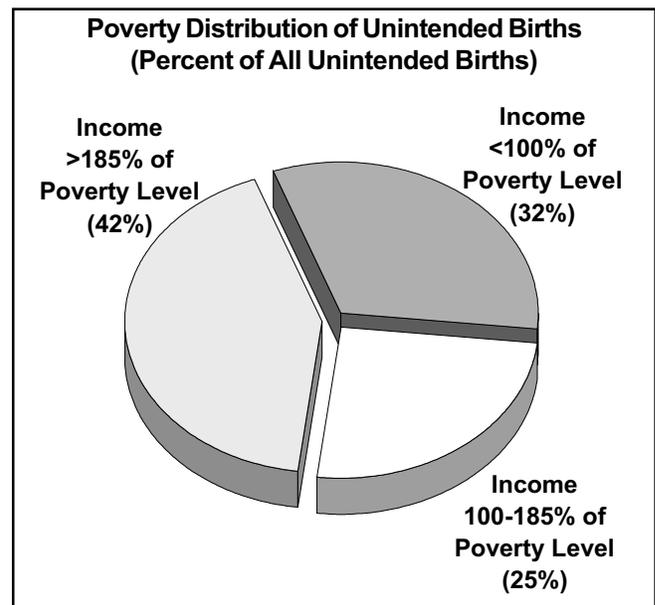
Epidemiologic analyses frequently examine group differences in health outcomes by demographic characteristics such as age, gender, and race/ethnicity. In recent years, the presentation of data broken down by race/ethnicity has been questioned by researchers and communities. There is concern that readers may incorrectly assume that differences between groups are biologically-based, and that the racial categories used are not necessarily reflective of individuals' self-identification. It has also been argued that the continued use of race/ethnicity may reinforce negative stereotypes, introduce false assumptions, and discredit and stigmatize communities of color.

Most researchers believe that race/ethnicity is a marker for complex social, economic, and political factors that are important influences on community and individual health. Most communities of color in this country have experienced social and economic discrimination, and other forms of racism, which can negatively affect the health of those communities. We continue to examine and present data by race/ethnicity because we believe that it is important to understand which racial/ethnic groups are disproportionately affected by significant health issues. We hope this understanding will lead to strategies that address these issues, as well as the social and economic inequities which underlie them.

Unintended Births by Poverty Level, King County, 1993-1996

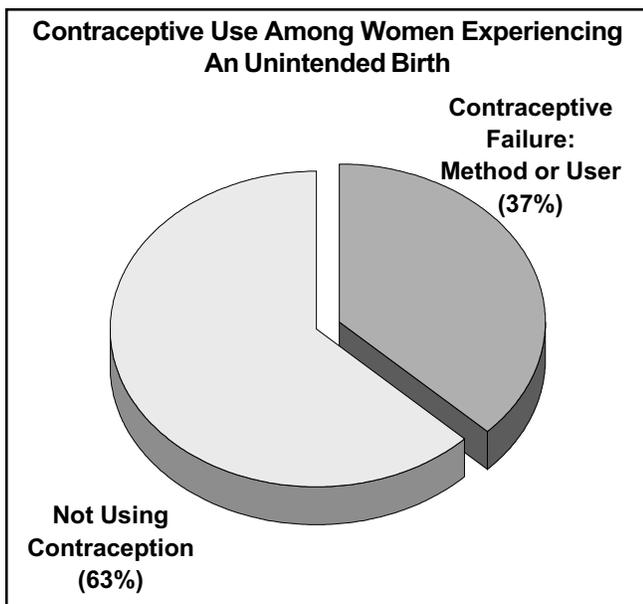


- Among King County women, rates of unintended birth were:
 - highest among women with incomes below the Federal Poverty Level (56%). [Note: See *Data Sources and Technical Notes* on page 6 for description of how poverty level was determined.]
 - lowest among women with incomes above 185% of the Federal Poverty Level (26%).



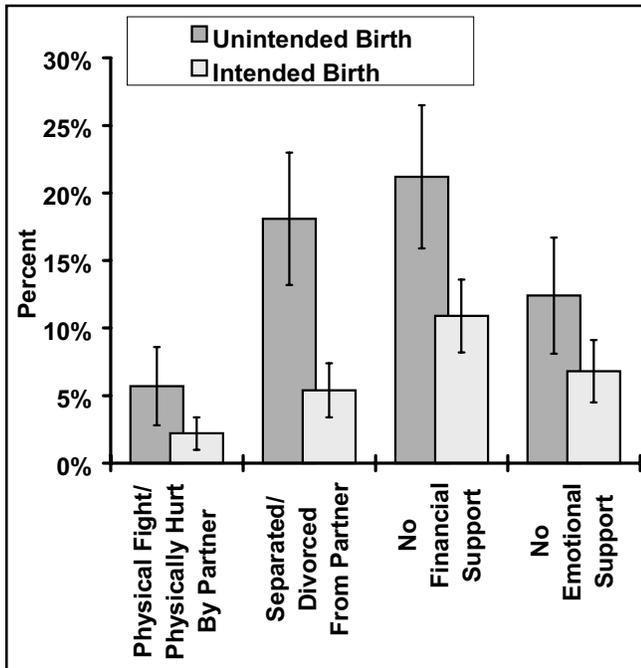
- While women with incomes below poverty had the highest risk of giving birth from an unintended pregnancy, the majority (68%) of unintended births were to women living **above** the poverty level.

Unintended Births and Contraceptive Use, King County, 1993-1996



- The majority of women (63%) who experienced an unintended birth were not using any form of contraception at the time they conceived.
- 37% of women still became pregnant even though they used some form of contraception. This was due to either:
 - Limitations of the method itself (method failure), or
 - Incorrect or inconsistent use of the method (user failure).

Unintended Births: Measures of Stress & Support, King County, 1993-1996



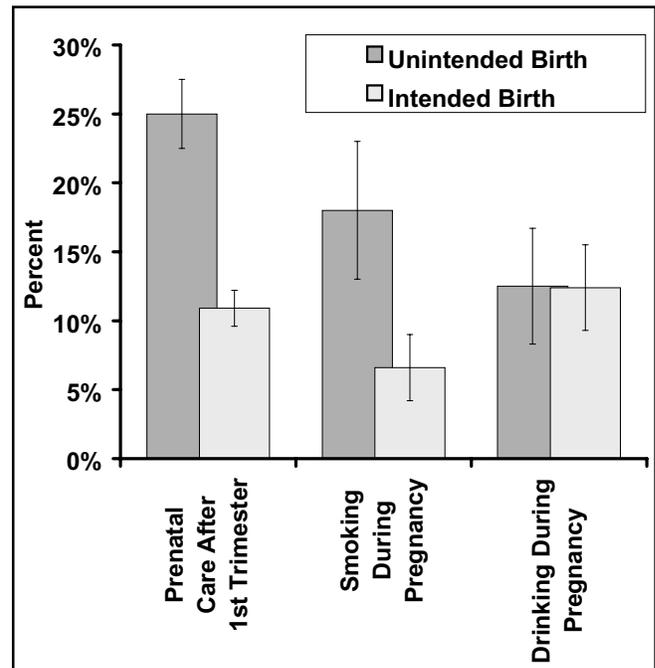
Women who gave birth from an unintended pregnancy were:

- more likely to be involved in a physical fight or to be physically injured by their partner during the year before delivery.
- more than three times as likely to report separation from their partner or divorce during the year before delivery.
- much less likely to report having social support available to them during their pregnancy.
 - 21% responded that they had no one to loan them \$25 (financial support) compared to 11% of women with intended births.
 - 12% reported they had no one to talk to about problems (emotional support) compared to 7% of women with intended births.

Unintended Births: Risk Behaviors, King County, 1993-1996

Women who gave birth from an unintended pregnancy were:

- more than twice as likely to start prenatal care after the first trimester than women with intended births.
- nearly three times more likely to smoke during the last trimester of pregnancy than women with intended births.
- no more likely to consume alcohol during the last trimester of pregnancy as women with intended births.



Public Health Data Watch monitors trends in key health indicators for King County. It is produced by the Epidemiology, Planning and Evaluation Unit (EPE) of the Seattle-King County Department of Public Health, with assistance from other Health Department staff.

For additional copies of *Data Watch* or for more information, call EPE at (206) 296-6817.

This issue was prepared by Alice Park, Christie Spice, Michelle Pennylegion, David Solet, and Claire Talltree.

Technical assistance with the analysis of PRAMS data was provided by Chris Johnson and Brian Morrow with the Centers for Disease Control and Prevention, and Tom Bell with the Washington State Department of Health.

Summary

- King County rates are above the national average and the year 2000 national health objective, notable in a county where most health indicators are better than those of the nation.
- Unintended pregnancy is not just a problem of teenagers, poor women, or minority populations; it affects women and families of all ages, incomes, and racial groups. However, young, minority, and low-income women are disproportionately affected by unintended pregnancy.
- Reducing unintended pregnancies would decrease the incidence of abortion.
- Unintended pregnancy is a complex issue that is influenced by many factors including knowledge about contraceptive methods and reproductive health, access to and use of effective contraceptive methods, self-esteem and self-efficacy, attitudes about sexuality and fertility, and cultural norms regarding pregnancy planning.
- Given that the majority of women with unintended births were not using contraception, increasing the use of effective contraceptive methods is likely to reduce unintended pregnancies.

Glossary

Pregnancy: The sum of live births and abortions. Spontaneous fetal deaths are excluded in this analysis.

Abortion: Induced terminations. In this report, all pregnancies ending in abortion are assumed to be unintended conceptions.

Unintended Birth: Births that were unintended at conception. A birth is defined as unintended if (1) the mother wanted to be pregnant at a later time than when she conceived, or (2) she did not wish to be pregnant at the time of conception nor at any point in the future.

Unintended Pregnancy: The sum of all unintended births plus all abortions.

Intended Pregnancy: Pregnancies that are intended at conception. A pregnancy is defined as intended if the woman wanted to be pregnant at the time she conceived or sooner.

Data Sources and Technical Notes

PRAMS: Data on births resulting from unintended pregnancies were obtained from the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a population-based mail and telephone survey of women who have recently delivered. The survey has been carried out by the Washington State Department of Health since 1993. Data for this report reflect live births to King County residents occurring between April 1993 and December 1996.

Race: Information about maternal race was obtained from the birth certificate. In this report, a woman may belong to one of five racial groups: ethnic Hispanic (any race), non-Hispanic African American, Asian/Pacific Islander, Native American, or the combination of white and other/unknown.

Confidence Interval: When comparing sample rates, the 95 percent confidence interval is calculated for each rate to assess how much the rate is likely to vary due to random variation. For each sample rate, the population value is expected to occur within the confidence interval 95 percent of the time. Any two rates are considered statistically significantly different from each other if the confidence intervals do not overlap.

Abortion: Information on abortions is collected by the Washington State Department of Health, Center for Health Statistics.

Poverty Level: To determine poverty status, the total number of persons living in the household and the annual household income of survey respondents were compared to the poverty thresholds set by federal guidelines annually. For example, in 1997 the Federal Poverty Level was \$16,050 for a family of four.

Activities Aimed at Reducing Unintended Pregnancy In King County and Washington State

To effectively prevent unintended pregnancy, prevention efforts demonstrate that we must focus on three primary areas: services, information and policies. There are a number of on-going and emerging activities aimed at reducing unintended pregnancy in our community.

The Northwest Emergency Contraception Coalition (NWECC)

The Pacific Northwest leads the nation in efforts to increase understanding of and access to emergency contraception. Emergency Contraception (EC) can be used after an act of unprotected intercourse to prevent a pregnancy from occurring. Among other activities, the NWECC promotes the EC Hotline which provides referral information to local providers. For more information contact EC Hotline at (888) NOT- 2- LATE.

Emergency Contraception Pharmacists Project

Among other efforts, Washington State is participating in the Pharmacist Pilot Project. The pilot allows pharmacists to dispense EC pills, making it easier for women to access EC within the necessary 72 hours. For more information contact PATH (Program for Appropriate Technologies in Health) at (206) 285-3500.

Unintended Pregnancy Integration at Seattle-King County Department of Public Health (SKCDPH)

Key components of the SKCDPH 1999 strategy to reduce unintended pregnancy include:

- Enhancing family planning clinic capacity.
- Integrating family planning information and referrals into other health department programs.
- Increasing access to family planning services by strengthening referral mechanisms between the family planning program and other programs in the health department.
- Ensuring that health department clients receive pertinent information on family planning and how to access family planning services.
- Increasing outreach to women enrolled in Medicaid.

Equality in Insurance Coverage for Contraception

During the 1999 session, legislation is anticipated that will require health insurance plans to cover contraceptive prescriptions, devices, and services under the same terms and conditions as other prescriptions, devices and services. According to a State Department of Health cost/benefit analysis and a recent Washington State Insurance Commissioner's Report, an increase in contraceptive coverage would result in coverage for thousands of women. Health insurers, employers and Washington State would save millions of dollars and only cost approximately an additional \$1 per person.

Medicaid Waiver to Increase Funding for Family Planning

At Governor Locke's request, the Washington State Department of Social and Health Services will submit a request for a waiver to the federal government by the end of 1998. The waiver would permit Washington to provide subsidized family planning services under the state medical assistance program to families with incomes less than 200% of the federal poverty level. Such a waiver would qualify Washington State to receive \$9 in federal funds for every \$1 the state spends on family planning services.

Resources and Services Available to Help Prevent Unintended Pregnancy in King County

Affordable Clinical Services

A full range of reproductive health services are available through a network of community clinics, Planned Parenthood clinics and Seattle-King County Department of Public Health sites. These services are offered on a sliding-fee scale. Most sites have special clinics for teenagers, drop-in hours, and interpreters for women and men whose first language is not English. For information about a clinic that provides family planning services near you, contact CHAP (Community Health Access Programs) at 1-800-756-5437.

Community-Based Outreach

Throughout King County, a network of Youth and Family Organizations provide family planning information and skills development, including abstinence and contraception, through individual and group outreach. Many of these efforts are partnerships between these organizations and community teen pregnancy prevention coalitions. Organizations like the SKCDPH, Planned Parenthood, and others provide community health education and outreach to underserved populations throughout King County.

Public Health Data Watch

Seattle-King County
Department of Public Health
Epidemiology, Planning and Evaluation Unit
999 Third Avenue, Suite 1200
Seattle, WA 98104-4039



In a 1995 report on unintended pregnancy, the Institute of Medicine urged the United States to adopt a new social norm:

“All pregnancies should be intended -- that is, they should be consciously and clearly desired at the time of conception.”

Currently, fewer than half (45%) of all pregnancies to King County residents are intended.

This report is a summary of local data on unintended pregnancies and births in King County for the years 1993 to 1996.

Data on unintended pregnancies and births are reported by geographic area. In addition, patterns of unintended birth are examined by maternal age, race, and poverty level. Contraceptive use and measures of stress, support, and risk behaviors are also reported.

