Resource for Education on Pregnancy and Planning

REPP

HEALTH
UNIVERSITY OF UTAH
UNINTENDED PREGNANCY AND BIRTH: CONTEXT & IMPLICATIONS

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PERSONAL INTRODUCTION

• Program Director, Family Planning Elevated
• Department of Ob/Gyn
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DISCLOSURES

• Nothing to disclose
LEARNING OBJECTIVES:

1. Understand the definition of unintended pregnancy

2. Understand factors that increase unintended pregnancy risk

3. Understand the health and social outcomes associated with unintended birth
IMPORTANT TAKE AWAYS

• 1 in 5 new mothers in Utah report their pregnancy was unintended
  – Jumps to 1 in 3 among uninsured individuals

• Increased contraceptive access reduces the rate of unintended pregnancy
Reproductive years:

3 years trying to get & being pregnant
30 years avoiding pregnancy
WHAT IS UNINTENDED PREGNANCY?

• An **unintended** pregnancy is one that was either mistimed or unwanted (45%)

• An **intended** pregnancy is one that was desired at the time it occurred or sooner (55%)

Guttmacher.org
Nearly half of U.S. pregnancies were unintended in 2011.
Unintended pregnancy rates varied widely in 2010.

No. of unintended pregnancies per 1,000 women aged 15–44

- 32–40
- 41–47
- 48–54
- 55–62


www.guttmacher.org
1 IN 5 UTAH BIRTHS WAS UNINTENDED

State of Utah - 22%

Bear River - 24%
Central - 22%
Davis - 21%
Salt Lake - 23%
San Juan - 44%*
Southeast - 14%*
Southwest 24%
Summit - 25%
Tooele - 31%
TriCounty - 26%
Utah County - 17%
Wasatch**
Weber-Morgan - 32%

RELEVANT POPULATION CHARACTERISTICS

More likely to report an unintended pregnancy:
• Individuals younger than 20
• Those with less than a high school education
• Race other than White
• Hispanic ethnicity
• Unmarried
• Annual income less than $15,000
• No health insurance or Medicaid before pregnancy
• Smoked or drank in three months before pregnancy
• Those who had a baby in 20 months prior

ibis.health.utah.gov
Between 1981 and 2011, unintended pregnancy has become increasingly concentrated among poor and low-income women.

Rate (per 1,000 women aged 15–44)

- <100% of poverty
- 100-199% of poverty
- All women
- ≥200% of poverty

www.guttmacher.org
MODERN CONTRACEPTION WORKS

In 2008, the two-thirds of U.S. women at risk of pregnancy who used contraceptives consistently accounted for only 5% of unintended pregnancies.

Women at Risk (43 Million)
- 14% Nonuse or long gaps in use
- 18% Inconsistent use
- 68% Consistent use

By consistency of method use all year

Unintended Pregnancies (3.4 Million)
- 5% Consistent use
- 54% Nonuse
- 41% Inconsistent use

By consistency of method use during month of conception
SOCIAL & ECONOMIC IMPLICATIONS

• Delayed prenatal care
• Preterm and low-weight births
• Maternal mental and physical health
• Educational & economic goals may be affected
• Relationship dissatisfaction or dissolution
• Costs to publicly funded systems

Reducing unintended pregnancy rate is a local & national public health goal
ASSESS PREGNANCY INTENTIONS & ATTITUDES

• Ask reproductive aged clients if they would like to have (more) children.

• Ask how you can support them in achieving their family planning goals:
  – Preconception counseling
  – Contraception

• Patient centered counseling
DON’T LET YOU BE A BARRIER TO CARE

• Offer comprehensive contraceptive care
  – Fertility awareness methods
  – User dependent methods (pill, ring, shot, EC)
  – Intrauterine devices and contraceptive implants

• Practice at the top of your license and find value in being a contraceptive expert
CONTRACEPTIVE EDUCATION & TRAINING CONFERENCE

• Patient centered counseling
• Provision of all methods
• IUD training
• Implant training
• Train the trainer

➢ Tracks for all health center staff roles
  – Providers
  – Medical assistants
  – Administrative
QUESTIONS?
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