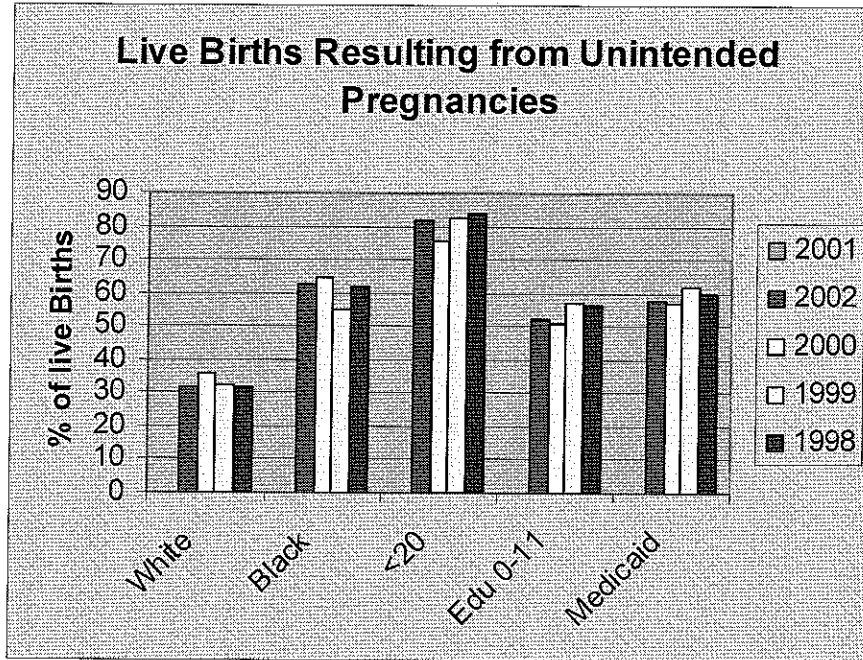


SECTION II
Perinatal Health Indicators

Unintended Pregnancy



In a perfect world, all pregnancies would be planned for, allowing women the opportunity to create a healthy and nurturing environment for their fetus to grow. Such an environment would allow for healthier outcomes for both mother and child. As we have learned from Healthy People 2010:

“Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.”ⁱ

Unfortunately nationally, nearly half (48%) of all pregnancies are still unintended, that is unwanted or mistimed.ⁱⁱ Such pregnancies may lead to situations in which women are entering prenatal care later, due to their not knowing they have conceived. In such situations women may continue to engage in unhealthy behaviors unknowingly such as drinking, smoking, or substance abuse, all of which can have detrimental effects on a fetus, especially in the first trimester. Furthermore the mother may feel an indifference to the child when the pregnancy is discovered if it was unwanted, and may not access any prenatal care at all. Research has shown that the child of an unintended pregnancy is at greater risk of low birth weight, dying in the first year, being abused, not being breastfed, and not receiving sufficient resources for healthy development.ⁱⁱⁱ Forty percent of unintended pregnancies result in a birth, 47% end in induced abortion, and 13% are lost to spontaneous fetal death (i.e., miscarriage).^{iv}

According to the 2002 PRAMS Report, in New York State, excluding New York City, 34.7% of pregnancies were unintended. In the Capital Region, that equates to nearly 3,112 unintended pregnancies. When asked whether they wanted to be pregnant at the time (data from the State Perinatal Data System SPDS 2006) about 70% of women who delivered at one of the seven birthing hospitals in Albany, Rensselaer, or Schenectady counties¹ wanted to be pregnant “then or sooner” vs. “later/not then or in the future”, a rate consistent with data from previous years (dating back to 2001).

**Mother's Intention for Time to Become Pregnant
by Mother's County of Residence
for Albany, Rensselaer and Schenectady Counties
for Births in 2006**

Hospital County	Total	Sooner	Then	Later	Never
Albany	2,040	363	1,078	478	121
Rensselaer	1,166	200	565	337	64
Schenectady	1,439	258	698	384	99
Total	4,645	821	2,341	1,199	284

Hospital County	Total	Sooner	Then	Later	Never
Albany	100%	18%	53%	23%	6%
Rensselaer	100%	17%	48%	29%	5%
Schenectady	100%	18%	49%	27%	7%
Total	100%	18%	50%	26%	6%

**Mother's Intention for Time to Become Pregnant
by County of Hospital
for Albany, Rensselaer and Schenectady Counties
for Births in 2006**

Hospital County	Total	Sooner	Then	Later	Never
Albany	3,325	668	1,793	699	165
Rensselaer	836	116	379	279	62
Schenectady	2,168	403	1,088	537	140
Total	6,329	1,187	3,260	1,515	367

Hospital County	Total	Sooner	Then	Later	Never
Albany	100%	20%	54%	21%	5%
Rensselaer	100%	14%	45%	33%	7%
Schenectady	100%	19%	50%	25%	6%
Total	100%	19%	52%	24%	6%

¹ Data are based on where a woman delivered, not where she resided

New York State PRAMS² data for 2000-2005 (table below) indicates that about 1 in 3 live births is the result of an unintended pregnancy. Black women are nearly twice as likely to have a live birth resulting from an unintended pregnancy than White women. Age is a factor in the unintended pregnancy rate, with higher rates at younger ages.

Percentage of Live Births Resulting From Unintended Pregnancies by Selected Characteristics, PRAMS, New York State Excluding New York City, 2000-2005

Maternal Characteristics	2000 % ± 95 % CI	2001 % ± 95 % CI	2002 % ± 95 % CI	2003 % ± 95 % CI	2004 % ± 95 % CI	2005 % ± 95 % CI
TOTAL	38.4 ± 3.5	33.8 ± 3.4	34.7 ± 3.5	36.3 ± 3.5	35.8 ± 3.7	32.7 ± 3.5
RACE						
white	36.1 ± 3.7	31.1 ± 3.5	31.6 ± 3.6	32.5 ± 3.7	32.4 ± 4.0	29.4 ± 3.8
black	64.8 ± 11.3	56.6 ± 12.4	62.3 ± 11.6	71.1 ± 10.9	66.5 ± 12.3	55.7 ± 13.2
other	**	**	**	**	40.5 ± 13.3	35.2 ± 9.7
AGE						
<20	76.4 ± 11.6	77.5 ± 10.5	81.7 ± 11.4	66.1 ± 14.8	77.9 ± 11.7	68.4 ± 14.1
20-24	63.6 ± 8.4	52.4 ± 8.7	54.8 ± 8.7	58.1 ± 8.5	-	-
25-35	28.9 ± 4.4	26.8 ± 4.2	23.7 ± 4.1	30.2 ± 4.4	-	-
>=35	20.9 ± 6.4	16.9 ± 5.7	28.6 ± 7.4	21.5 ± 6.5	-	-
Education						
0-11 years	51.2 ± 10.9	58.6 ± 9.9	51.9 ± 11.1	53.2 ± 10.3	54.3 ± 10.6	48.9 ± 9.6
12 years	48.2 ± 6.4	39.8 ± 6.6	44.9 ± 6.7	43.9 ± 7.2	48.1 ± 7.7	34.4 ± 7.6
>12 years	29.5 ± 4.4	24.1 ± 3.9	24.7 ± 3.9	28.1 ± 4.1	24.6 ± 4.2	27.9 ± 5.6
Marital Status						
Married	25.7 ± 3.6	24.0 ± 3.4	24.5 ± 3.6	24.6 ± 3.7	21.6 ± 3.8	22.6 ± 3.6
Other	67.9 ± 6.6	60.1 ± 7.1	62.9 ± 7.2	63.2 ± 6.7	64.9 ± 6.9	54.5 ± 6.8
Medicaid Status						
On Medicaid	57.9 ± 7.3	56.6 ± 7.1	57.6 ± 7.0	57.6 ± 6.7	56.1 ± 6.7	48.1 ± 6.1
Not on Medicaid	31.1 ± 3.9	25.4 ± 3.5	24.9 ± 3.7	26.3 ± 3.8	23.8 ± 4.0	22.9 ± 3.9
P-Value for trend .48						

² PRAMS – Pregnancy Risk Assessment Monitoring System, a sampling-based surveillance program conducted by NYSDOH in coordination with CDC. Women who are NYS residents and had in-state births, excluding New York City, are selected through stratified random sampling to respond to a questionnaire within 6 months of delivery.

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- i National Center for Health Statistics. Healthy People 2010. Hyattsville, Maryland: Public Health Service.
- ii Finer, LB and Henshaw, SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 2006 Jun;38(2):90-6.
- iii Dye, ID, Wojtowycz, MA, Aubrey, RH, et al. Unintended pregnancy and breast-feeding behavior. *American Journal of Public Health*, 87(10):1709-1711, 1997; Kost, K, Landry, D, Darroch, J. The effects of pregnancy planning status on birth outcomes and infant care. *Family Planning Perspectives*, 30(5): 223-230, 1998
- iv Physicians for Reproductive Choice and Health and the Alan Guttmacher Institute. An overview of abortion in the United States. www.guttmacher.org 2002