

# Unintended Pregnancy in Colorado



## Why is unintended pregnancy a problem?

Unintended pregnancy occurs when a woman becomes pregnant sooner than she desires or when she does not desire the pregnancy at any time. Unintended pregnancy resulting in live birth is an unintended birth. In 2010, more than one-third (36 percent) of Colorado mothers reported their last pregnancy ending in birth was unintended. This included 26 percent reporting a mistimed pregnancy and 10 percent reporting an unwanted pregnancy.<sup>1</sup>

Unintended pregnancy resulting in birth is associated with many poor health and social outcomes for both mother and child (see box below). It is also costly. In 2006, more than one million births, or 64 percent of all unintended births in the U.S., were publicly funded. Unintended births in Colorado cost Medicaid more than \$160 million that same year.<sup>2</sup>

Due to the high rates, negative outcomes and high costs associated with unintended births, reducing unintended pregnancy is one of the state health department's Winnable Battles and a priority for the Colorado Maternal and Child Health Program.

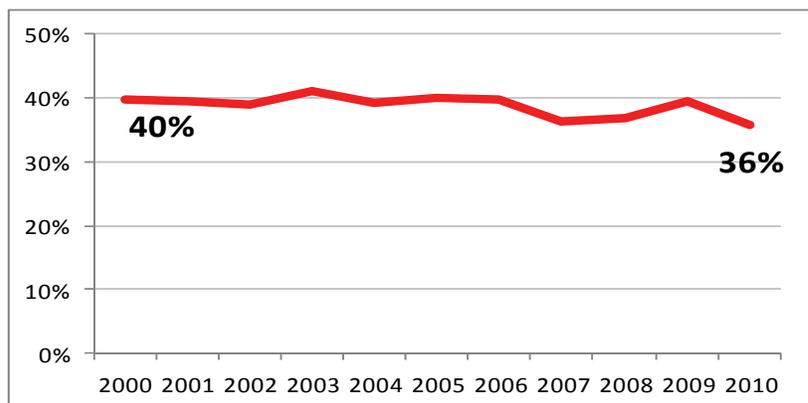
## Health and Social Outcomes of Unintended Pregnancy and Birth

- Colorado women whose pregnancies are unintended are significantly less likely to begin prenatal care early or to breastfeed for two months or more, and significantly more likely to suffer physical abuse during pregnancy or to experience postpartum depressive symptoms.<sup>3</sup>
- Children born as a result of unintended pregnancy are more likely to experience child abuse and poor mental and physical health, as well as to experience lower educational attainment.<sup>4</sup>



**Colorado's Healthy People 2020 Goal:**  
**By 2020 no more than 33 percent of births will be unintended.**

Unintended Births as a Percent of All Births in Colorado  
2000-2010



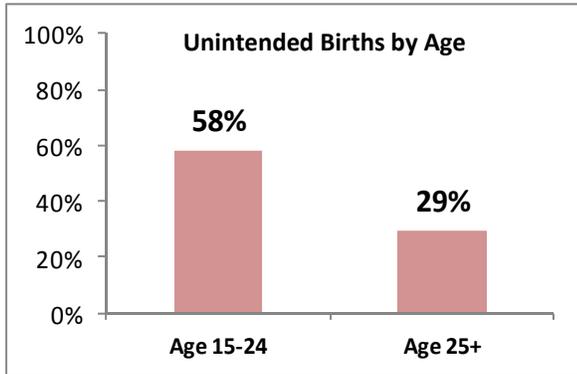
Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) data indicate a rate of unintended birth of about 40 percent throughout the decade. This means that four out of 10 mothers reported the birth as unintended at the time of conception. The 2010 rate of 36 percent is not statistically different from any other year.



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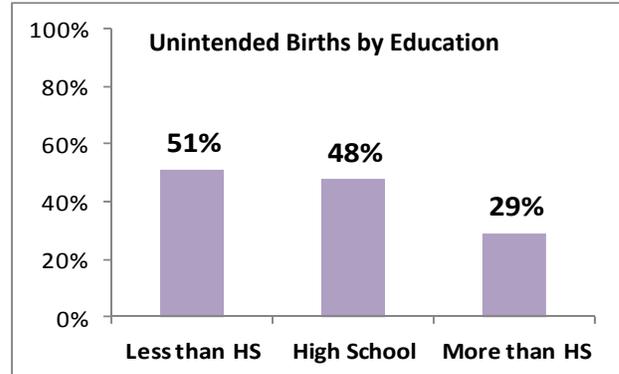
## Social and Economic Health Disparities

### Nearly 6 in 10 births to young women in Colorado are unintended



For women age 15 to 24, 58 percent of all births are unintended, twice as many as among women age 25 and older, where 29 percent are unintended.

### 5 in 10 births to women who have a high school education or less in Colorado are unintended

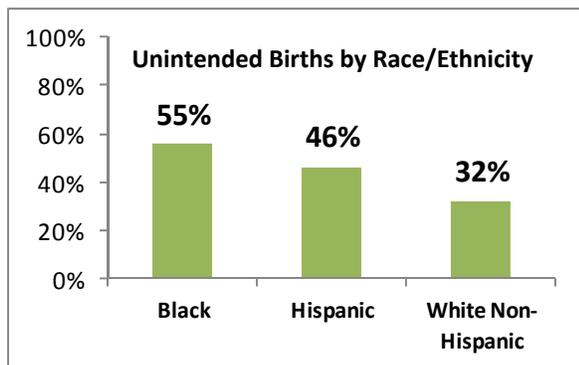


About half of births to women with a high school education or less are unintended. Among women with more than a high school education, three in 10 births are unintended.

### Who is more likely to have an unintended birth?

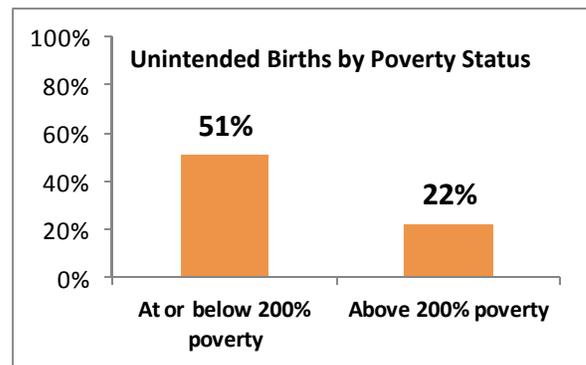
- Unintended births are more likely among young, less educated, minority, and poor women.
- Unintended births are more likely among women who are not married (66 percent) compared to those who are married (29 percent).<sup>3</sup>

### More than 5 in 10 births to Black women in Colorado are unintended



Among Black women, 55 percent of all births are unintended; among Hispanic women, close to half (46 percent) are also unintended. About one-third (32 percent) of births among White Non-Hispanic women are unintended.

### 5 in 10 births to women at or below 200% of federal poverty level are unintended



Among Colorado women whose family incomes are at or below 200 percent of the federal poverty level (\$38,130 for a family of three), 51 percent of births are unintended, while among women whose family incomes are higher 22 percent are unintended.

All data are from Colorado PRAMS, 2008-2010. Graphs show significant differences by pregnancy intendedness status.

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## How can unintended pregnancy be prevented?

Colorado couples use a variety of contraceptive methods to prevent pregnancy. About 20 percent of Colorado couples use hormonal methods and another 20 percent use condoms. Fifteen percent use long-acting reversible contraceptive (LARC) methods (IUDs, implants) and five percent use less effective methods (e.g., diaphragms, rhythm, and withdrawal). Sterilization is used by nearly 40 percent of all couples and is suitable for those who have completed their families.<sup>5</sup>

Methods vary greatly in their effectiveness. Those requiring the least amount of effort on a daily basis are the most effective, namely, sterilization and LARC methods. All others require the user to take a pill daily, change a patch weekly, visit a health care provider for an injection regularly, or employ a method before or during intercourse. Methods requiring user effort have been proven to be less effective than methods requiring no effort.<sup>6</sup> LARC methods require no effort (after the initial implant or insertion) and are especially popular among young women who are not planning pregnancy in the immediate future. LARC methods are growing in popularity; in 2002, just two percent of couples were using these methods.<sup>5</sup>

### Long-Acting Reversible Contraceptive (LARC) Methods

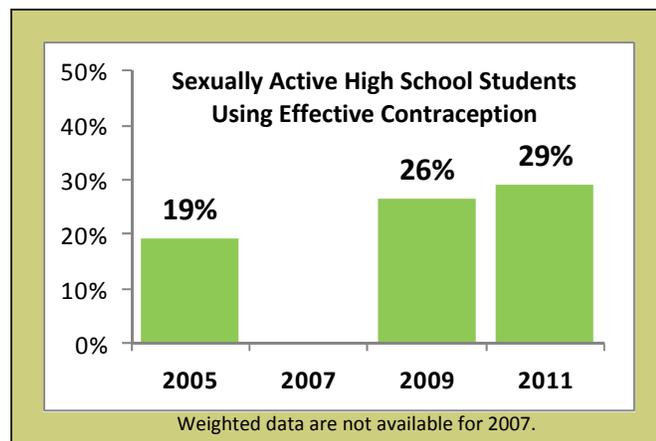
Only two types of methods are considered to be LARC methods

- The intrauterine device (IUD)
- The contraceptive implant (Norplant, Implanon, and Nexplanon)
- 15 percent of Colorado couples ages 18-44 were using a LARC method in 2011<sup>5</sup>

## What factors help young people prevent unintended pregnancy?

Reducing the proportion of high school students having sex is one way to prevent unintended pregnancy. In 2011, the Youth Risk Behavior Survey showed that students who participated in extracurricular activities were less likely to have had sex in the three months before the survey compared to those who did not participate (28 percent vs. 42 percent).<sup>7</sup> Young people who feel a sense of connection and belonging make healthier decisions; participation in extracurricular activities is one indicator of school connection.

Increasing the proportion of sexually active students using effective contraceptive methods is another way to prevent unintended pregnancy. In 2011, 29 percent of sexually active students were using effective methods (birth control pills or injections), significantly higher than the 19 percent using such methods in 2005.<sup>8</sup>



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## What is the future of unintended pregnancy in Colorado?

The percent of women experiencing unintended pregnancy has changed little since the year 2000. Some women with unintended pregnancies are ambivalent about getting pregnant, and report they were not trying to get pregnant although they were not using effective birth control. Other women report contraceptive failure as a reason for their unintended pregnancy. However, the popularity of LARC methods, and their increasing use among young women, suggests a reduction in the rate is on the horizon. Data from the Colorado Family Planning Initiative show a large increase in the number of women with low incomes choosing long-acting methods when the program began paying for LARC methods for Title X family planning clients in 2009. The following year a significant decrease was observed in the birth rate of low-income women.<sup>9</sup> As more women are able to obtain the most effective methods through changes in health care insurance, it is increasingly probable that unintended pregnancy will be reduced. The 2020 goal for the state is for no more than 33 percent of births to be unintended.

## Will the Affordable Care Act reduce unintended pregnancy?

- The ACA covers all forms of contraception without co-pays and deductibles beginning with all plans written after August 2012
- The high price of long-acting reversible contraception should no longer be a barrier for most women
- An estimated 110,000 Colorado women of reproductive age will be newly covered by health insurance in 2014.<sup>10</sup>



## References

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