

The Los Angeles Mommy and Baby Project

Healthy Mommies and Healthy Babies



Prevalence of Unintended Pregnancies in Los Angeles County 2005-2012

Why do unintended pregnancies matter?

An unintended pregnancy is defined as a pregnancy that at the time of conception is either mistimed (the mother wanted to be pregnant later) or unwanted (the mother did not want to be pregnant then or at any time in the future). Unintended pregnancy is a major public health problem with nearly 1 in 2 births being unintended in Los Angeles County. Unintended pregnancy is associated with an increased risk of health problems for both the mother and baby. If a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing. A woman with an unintended pregnancy might also delay prenatal care that may affect the health of the baby, resulting in poor pregnancy outcomes like prematurity. Many women are unaware they are pregnant until after the baby's critical first four to ten weeks of gestation, making them less likely to take actions that will reduce risks to their baby's health. However, if a woman has an intended pregnancy, she can take steps to become healthier before she conceives, such as taking folic acid, abstaining from alcohol, and quitting smoking. Increasing the number of intended births is a crucial step in improving the health of both mothers and babies. One of the national Healthy People 2020 objectives is to increase the proportion of intended pregnancies to 56%, from the 2002 baseline of 51%. This report presents estimates of unintended pregnancy among LA County mothers in 2005, 2010, and 2012, using available data from the Los Angeles Mommy and Baby (LAMB) Project.

About LAMB

The LAMB project is a biennial population-based survey conducted by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs. The survey asks mothers who recently delivered a live baby in Los Angeles County about events that happened before, during, and after their pregnancy via telephone or mail. Information from LAMB is used to help plan better health programs and strategies for Los Angeles County mothers and infants. Over 5,200 mothers responded to the 2005 LAMB survey (response rate=50%), more than 6,500 mothers responded to the 2010 survey (response rate=57%), and more than 6800 mothers responded to the 2012 survey (response rate=62%).

To measure unintended pregnancies, respondents were asked the following question in the LAMB survey, "Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?" Women who responded that they "wanted to be pregnant later" were defined as mistimed, whereas women who responded that they "didn't want to be pregnant then or at any time in the future" were defined as unwanted. For this report, unintended pregnancies include pregnancies that were reported as being mistimed and pregnancies that were reported as being unwanted.

¹ CDC. Preconception Health <http://www.cdc.gov/ncbddd/preconception/whypreconception.htm>

² Healthy People. Family Planning. <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13>

Overall prevalence of unintended pregnancies in LA County in 2005-2012:

The overall prevalence of unintended pregnancy among LA County mothers increased from 40% to 49% between 2005 and 2010, however it was relatively stable between 2010 and 2012 (49% and 47%) (Figure 1). There were approximately 61,898 births that resulted from unintended pregnancies in LA County in 2012.

Unintended pregnancies by race/ethnicity:

- African American mothers consistently had the highest unintended pregnancy rates, with only minor increases between years (57% in 2005, 60% in 2010, and 62% in 2012).
- Hispanic mothers, on the other hand, experienced the greatest increase in unintended pregnancies from 2005 to 2010 (44% to 57%) but then remained relatively consistent from 2010 to 2012 (57% and 56%).
- Both White and Asian Pacific Islander mothers maintained similar prevalence of unintended pregnancies in 2005, 2010, and 2012 (23-24% and 32-33%, respectively).

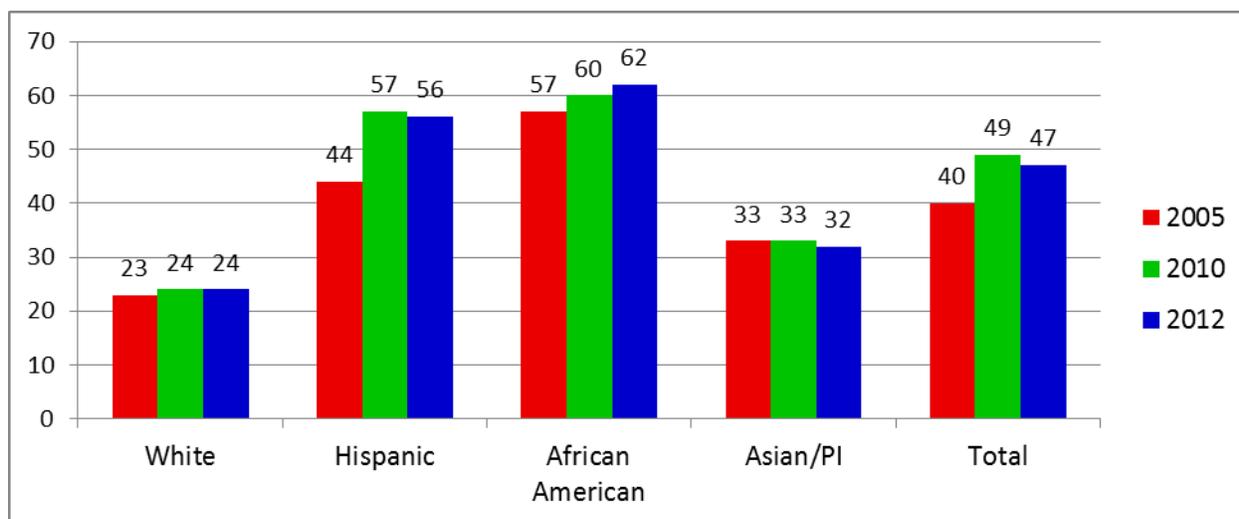


Figure 1. Percentage of Mothers with Unintended Pregnancies in Los Angeles County by Race/Ethnicity, LAMB 2005-2012

Unintended pregnancies by Service Planning Area:

- The prevalence of unintended pregnancies increased in all eight SPAs between 2005 and 2010 (5 to 14% change) but remained the same or decreased a little from 2010 to 2012 (0 to -5% change).
- South area (SPA 6) had the highest prevalence of unintended pregnancy in 2005, 2010 and 2012 (50%, 60% and 58%) and the West area (SPA 5) had the lowest prevalence of unintended pregnancies in 2005, 2010 and 2012 (20%, 26% and 23%).

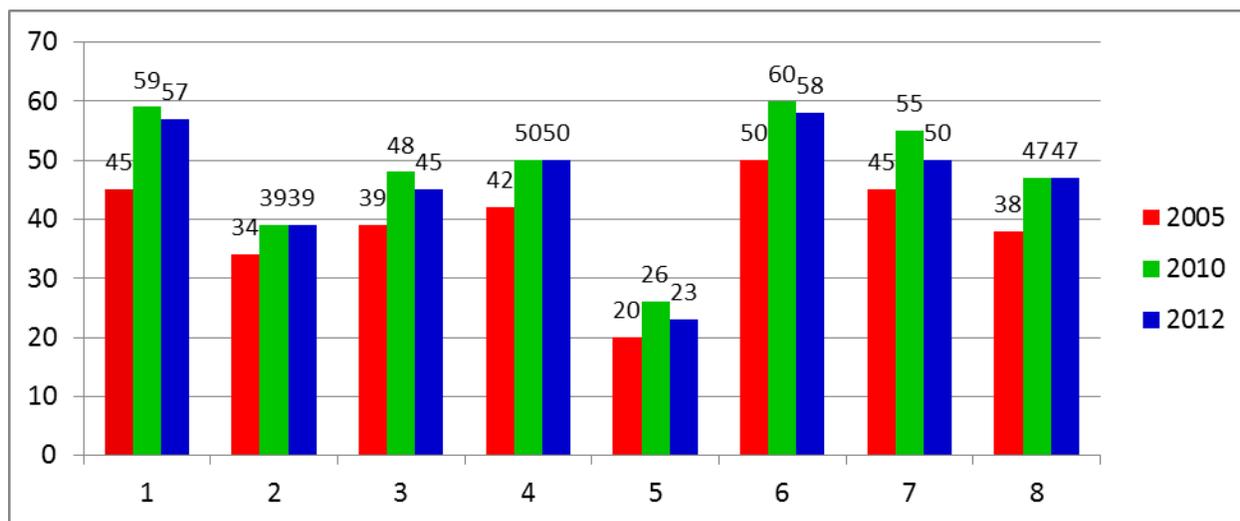


Figure 2. Percentage of Mothers with Unintended Pregnancies in Los Angeles County by SPA, LAMB 2005-2012

Unintended pregnancies by maternal age:

- The prevalence of unintended pregnancies increased in mothers of all ages between 2005 and 2010 (5% to 19% change) but remained almost constant from 2010 to 2012 (-1% to +1% change).
- Mothers under the age of 20 years old had the highest percentage of unintended pregnancies (60% in 2005, 80% in 2010 and 79% in 2012); whereas mothers over the age of 35 years old, had the lowest percentage of unintended pregnancies (28% in 2005, 35% in 2010 and 34% in 2012).
- Across all study years, the prevalence of unintended pregnancies amongst mothers <20 years old was at least two times the prevalence of unintended pregnancies amongst mothers 35+ year old.

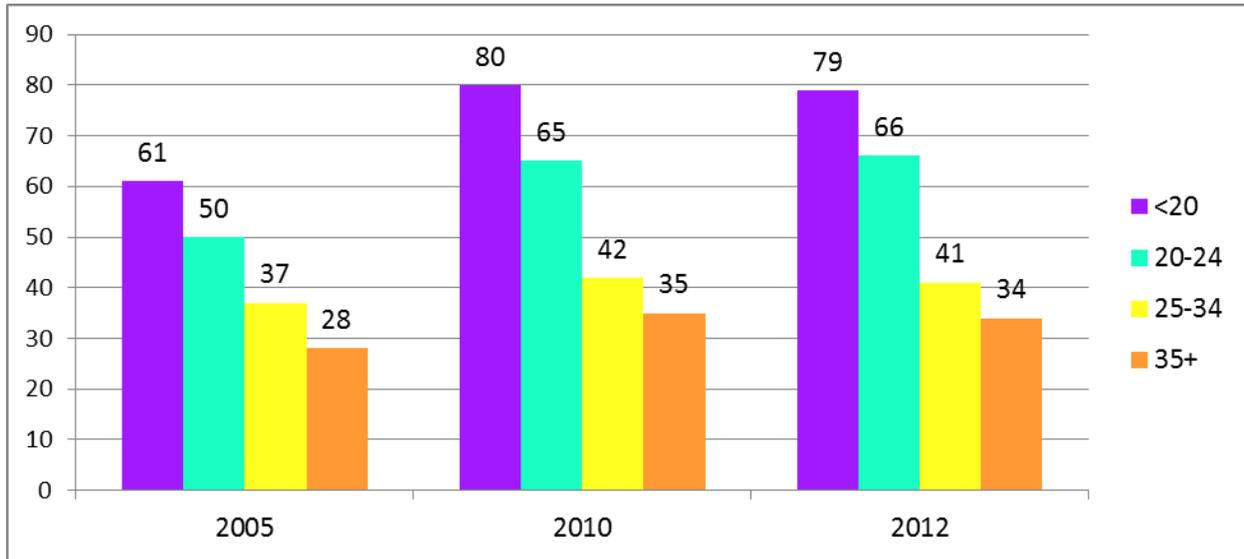


Figure 3. Percentage of Mothers with Unintended Pregnancies in Los Angeles County by Age Group,

Unintended pregnancies by mother's education level:

- There was an increase in the prevalence of unintended pregnancies across mothers of all education levels between 2005 and 2010 (6% to 22% change) but remained constant or decreased from 2010 to 2012 (-4% to 0% change).
- The most drastic increase occurred for mothers with less than a high school education whose prevalence increased from 43% in 2005 to 65% in 2010
- Across all study years, mothers who had more than a high school education (>12) had the lowest prevalence of unintended pregnancies (31% in 2005, 36% in 2010, 36% in 2010).

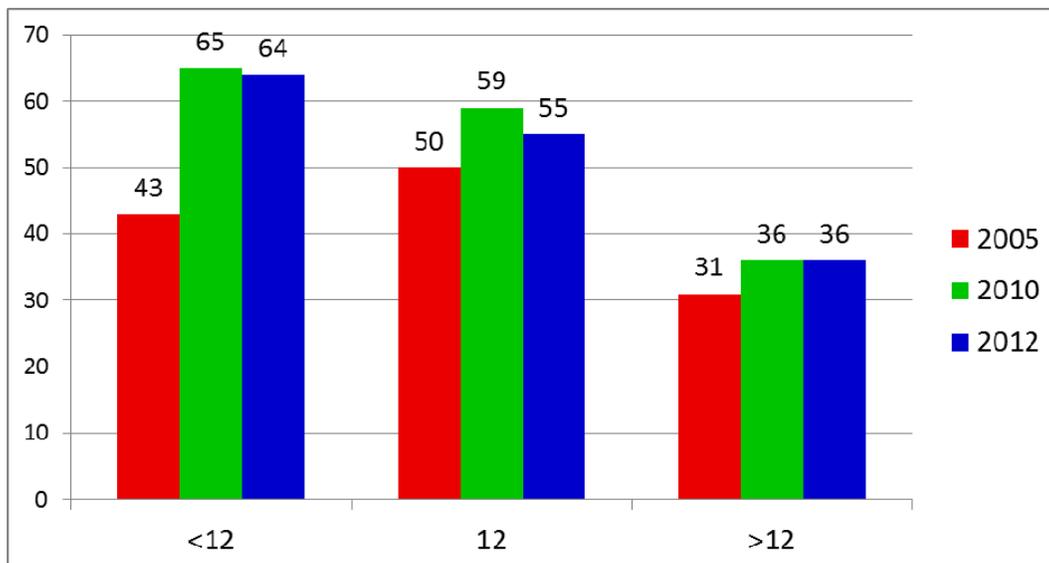


Figure 4. Percentage of Mothers with Unintended Pregnancies in Los Angeles County by Education Level, LAMB 2005-2012

Summary

In 2012, there were an estimated 61,898 unintended pregnancies among LA County mothers. Unintended pregnancies increased from 40% in 2005 to approximately 48% in subsequent years (2010 and 2012). Disparities in unintended pregnancies continue to exist, for example, African American mothers were more than twice as likely to report their birth as unintended compared to White mothers who gave birth.

The Institute of Medicine states, “The best protection available against low birth weight and other poor pregnancy outcomes is to have a women actively plan for pregnancy, enter pregnancy in good health with as few risk factors as possible, and be fully informed about reproductive and general health”³. In order to accomplish and exceed the Healthy People 2020 goal of 56% of pregnancies being intended, LA County Maternal Child and Adolescent Health Programs (MCAH) have been working closely with key perinatal providers in LA County to promote the awareness of preconception health among women of reproductive age and health care providers. This work includes educating health care providers and the public about the risks of unintended pregnancy and encouraging men and women to talk with their health care provider about creating a reproductive life plan. LA County has implemented several programs to help teens make healthy choices regarding sexual activity and contraception to reduce the risk for unintended pregnancy. Both MCAH and the County of Los Angeles Division of HIV and STD Programs provide sexuality and family-life education for teens and young adults. In addition, the California Family Planning, Access, Care, and Treatment (Family PACT) program and California Family Health Council (CFHC) provide comprehensive family planning services to eligible low income men and women. Services include comprehensive education, assistance, and services relating to family planning.

Resources

Family Planning, Access, Care, and Treatment (Family PACT) program Family PACT is California’s innovative approach to provide comprehensive family planning services to eligible low income men and women. Family PACT serves 1.8 million income eligible men and women of childbearing age through a network of 2,200 public and private providers. Services include comprehensive education, assistance, and services relating to family planning. For more information about Family PACT, please visit <http://www.familyfact.org/General/contact>

California Family Health Council (CFHC) CFHC champions and promotes quality sexual and reproductive health care for all. It achieves it’s mission through an umbrella of programs and services including clinic support initiatives, provider training, advanced clinical research, advocacy and consumer awareness. CFHC’s Title X federal family planning program collectively serves more than one million women, men and teens through nearly 345 health centers in 42 of California’s 58 counties. - See more at <http://cfhc.org/>

Recommendations

For Individuals

All women of reproductive age should adopt healthy behaviors. As stated earlier, women with an unintended pregnancy could delay prenatal care that may affect the health of the baby. Therefore, it is important for all women of reproductive age to adopt healthy behaviors as suggested by the CDC below: (<http://www.cdc.gov/reproductivehealth/unintendedpregnancy>):

- taking folic acid,
- maintaining a healthy diet and weight,
- being physically active regularly,
- quitting tobacco use, abstaining from alcohol and drugs,
- talking to your health care provider about screening and proper management of chronic diseases,
- visiting your health care provider at the recommended scheduled time periods for your age and discuss if or when you are considering becoming pregnant,
- and using effective contraception correctly and consistently if you are sexually active but wish to delay or avoid pregnancy

³ Committee to Study the Prevention of Low Birth weight, Preventing Low Birth Weight. 1985. Institute of Medicine: Washington, D.C. p.212-240.

Women of reproductive age should consider the use of long-acting reversible contraceptives (LARC). The American Congress of Obstetricians and Gynecologists (ACOG) recommend that women of all ages who want to avoid pregnancy be encouraged to consider LARC methods⁴. Use of LARC eliminates the potential for incorrect and inconsistent use, thus nearly eliminating the risk of unintended pregnancy.

For Providers

- Encourage men and women to create a reproductive life plan
- Screen women of reproductive age about their pregnancy intentions at all clinical encounters and offer contraceptive options where appropriate.
- Screen and counsel men and women of reproductive age about risk behaviors, genetic conditions, and infectious and chronic diseases.
- Educate women on the importance of preconception health during their reproductive years.
- Discuss the benefit of using LARC and discussing Emergency Contraceptions (EC) Options.

For Communities and Policy Makers

- Support the full implementation of the contraceptive coverage requirements of the Affordable Care Act (ACA). When fully implemented, the ACA will make preventive care, including contraceptive services, more accessible and affordable to millions of Americans. An amendment passed in August 2012 requires all new private insurance plans to cover a wide range of preventive services, including contraceptives, without co-payments or other cost-sharing requirements⁵. The law includes the full range of FDA-approved contraceptives so that women will have access to the most effective methods.
- Support the maintenance of publicly funded family planning services, which prevent nearly two million unintended pregnancies, including more than 800,000 abortions, each year in the United States, by providing voluntary contraceptive services to young and low-income women^{6,7}.
- Provide educational sessions and resources regarding birth control, emergency contraception, and preconception care so that women may prevent further unplanned pregnancies.
- Support improved access to emergency contraception (EC). In the event of unprotected sex, contraceptive failure (condom breaks) or sexual assault, the ACOG and other national organizations recommend EC as a way to prevent unintended pregnancy⁴. EC is effective in preventing pregnancy within 120 hours after unprotected intercourse but is most effective if used within 24 hours.

Data Analyses and Limitations

All data analyses were conducted using Statistical Analysis Software (SAS) version 9.3 and weighted to represent the experiences of all women who delivered a live birth in 2005, 2010 and 2012. Data from LAMB are based on participant self-report, about 3 to 7 months after the delivery, and collected among women who had a live birth. Because the LAMB questionnaire is completed postpartum, there may be recall bias from mothers regarding their pre-pregnancy feelings about becoming pregnant.

It should be noted that women reporting that their most recent birth was “mistimed” were grouped together for the purposes of this analysis. Some of these women hoped to be pregnant six months later, whereas others hoped to be pregnant five years later. Unintended pregnancies in this analysis only include those that resulted in a birth and do not capture those pregnancies that ended in miscarriage or abortion.

For public health planning purposes, Los Angeles County is divided into eight geographical regions known as Service Planning Areas (SPAs).

⁴ American Congress of Obstetricians and Gynecologists (ACOG) Commission Opinion Number 450 December 2009 ; reaffirmed 2011

⁵ Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, § 2713, 124 Stat. 119, 131 (2010) (to be codified at 42 U.S.C. § 300gg-13. Amended to include birth-control services on August 1, 2012.) 35

⁶ Gold RB, Sonfield A, Richards, CL, Frost JJ. Next Steps for America’s Family Planning Program. New York: Guttmacher Institute, 2009.

⁷ Henshaw SK and Kost K, Trends in the Characteristics of Women Obtaining Abortions, 1974 to 2004, New York: Guttmacher Institute, 2008.

Resources

- Information and referral services for LA County
<http://www.211la.org>
- Reproductive Health and Parenting Resources for Teens in L.A. County:
<http://dcfs.lacounty.gov/foryouth/documents/Reproductive%20Health%20and%20Parenting%20Resources.pdf>
- CFHC's Family program clinic Map
<http://cfhc.org/programs-and-services/clinic-map>
- Centers of Disease Control and Prevention (CDC) Website on reproductive health:
<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/index.htm>
- Federally-sponsored website for all things related to women's health:
www.womenshealth.gov
- More information on reproductive life planning:
http://everywomancalifornia.org/categories_display.cfm?categoriesID=61
- Los Angeles County Preconception Health Collaborative:
http://www.publichealth.lacounty.gov/mch/ReproductiveHealth/PreconceptionHealth/PreconceptionHealth_rev.htm

For additional information about LAMB, please visit: www.lalamb.org

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