

Facts on Unintended Pregnancy In the United States

BACKGROUND

- Most American families want two children. To achieve this, the average woman spends about five years pregnant, postpartum or trying to become pregnant, and three decades—more than three-quarters of her reproductive life—trying to avoid an unintended pregnancy.

- Most individuals and couples want to plan the timing and spacing of their childbearing and to avoid unintended pregnancies, for a range of social and economic reasons. In addition, unintended pregnancy has a public health impact: Births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes, such as delayed prenatal care, premature birth and negative physical and mental health effects for children.

- For these reasons, reducing the unintended pregnancy rate is a national public health goal. The U.S. Department of Health and Human Services' Healthy People 2020 campaign aims to reduce unintended pregnancy by 10%, from 49% of pregnancies to 44% of pregnancies, over the next 10 years.

INCIDENCE OF UNINTENDED PREGNANCY (NATIONAL)

- About half (49%) of the 6.7 million pregnancies in the United States each year (3.2 million) are unintended (see box, page 2).

- In 2006, there were 52 unintended pregnancies for every 1,000 women aged 15–44. In other words, about 5% of reproductive-age women have an unintended pregnancy each year.

- By age 45, more than half of all American women will have experienced an unintended pregnancy, and three in 10 will have had an abortion.

- The U.S. unintended pregnancy rate is significantly higher than the rate in many other developed countries.

INCIDENCE OF UNINTENDED PREGNANCY (STATE)

- At least 38% of pregnancies in every U.S. state are unintended. In 29 states and the District of Columbia, more than half of pregnancies are unintended (see map, page 2).

- Rates of unintended pregnancy are generally highest in the South and Southwest, and in states with large urban populations.

- The highest unintended pregnancy rates in 2006 were found in Mississippi (69 per 1,000 women aged 15–44), California (66), Delaware (66), the District of Columbia (67), Hawaii (66) and Nevada (66).

- The lowest unintended pregnancy rates in 2006 were found in New Hampshire (36 per 1,000 women aged 15–44), Maine (37), North Dakota (37), Vermont (38) and West Virginia (39).

DEMOGRAPHIC DISPARITIES

- Unintended pregnancy rates are highest among poor and low-income women, women aged 18–24, cohabiting women and minority women.

- The rate of unintended pregnancy among poor women (those with incomes

at or below the federal poverty level) in 2006 was 132 per 1,000 women aged 15–44, more than five times the rate among women at the highest income level (24 per 1,000).

- Poor women's high rate of unintended pregnancy results in their also having high rates of both abortions (52 per 1,000) and unplanned births (66 per 1,000). In 2006, poor women had an unintended birth rate six times as high as that of higher-income women.

- In 2006, black women had the highest unintended pregnancy rate of any racial or ethnic groups. At 91 per 1,000 women aged 15–44, it was more than double that of non-Hispanic white women (36 per 1,000).

- In 2006, women without a high school degree had the highest unintended pregnancy rate among all educational levels (80 per 1,000 women aged 15–44), and rates decreased as years of education attained increased.

- Some groups—including higher-income women, white women, college graduates and married women—are comparatively successful at timing and spacing their pregnancies. For example, higher-income white women experience unintended pregnancy at one-third the national rate (17 vs. 52 per 1,000).

- The proportion of pregnancies that are unintended generally decreases as age increases. The highest unintended pregnancy rate in 2006 was among women aged 20–24 (107 per 1,000 women).

What is Unintended Pregnancy?

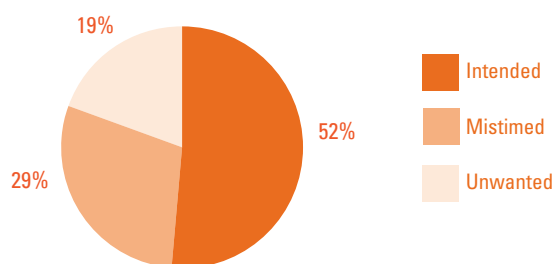
An **unintended** pregnancy is one that was either mistimed or unwanted (49% of pregnancies). If a woman did not want to become pregnant at the time the pregnancy occurred, but did want to become pregnant at some point in the future, the pregnancy is considered **mistimed** (29% of pregnancies). If a woman did not want to become pregnant then or at anytime in the future, the pregnancy is considered **unwanted** (19% of pregnancies).

An **intended** pregnancy is one that was desired at the time it occurred or sooner.

When calculating unintended pregnancy rates, women who were indifferent about becoming pregnant are counted with women who had intended pregnancies, so that the unintended pregnancy rate only includes pregnancies that are unambiguously unintended.

Pregnancies by Intention Status

Nearly half of pregnancies are unintended.



Note: Percentages do not add up to 100 due to rounding.

Traditional estimates understate the extent to which sexually active teens experience unintended pregnancies, because they typically include all women, whether or not they are sexually active. While most older women are sexually active, many teens are not. The unintended pregnancy rate among only those teens who are sexually active is more than twice the rate among all women.

TRENDS IN UNINTENDED PREGNANCY

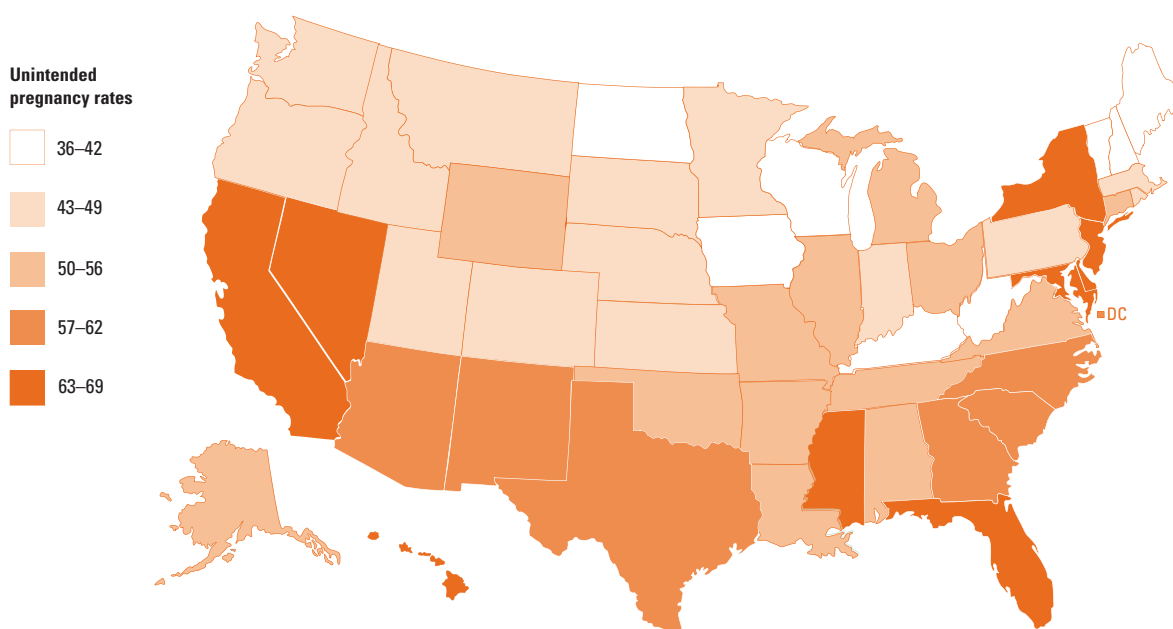
- The proportion of pregnancies that were unintended remained essentially stable between 2001 (48%) and 2006 (49%).
- Following a considerable decline from 59 unintended pregnancies per 1,000 women aged 15–44 in 1981 to 49 per 1,000 in 1994, the overall U.S.

unintended pregnancy rate has remained essentially flat since (see chart).

- However, the rate has increased substantially among poor and low-income women, while declining among higher-income women. In 1994, the unintended pregnancy rate among women with incomes below the federal poverty line was 88 per 1,000 women aged 15–44; it rose to 120 in 2001 and 132 in 2006—a 50% increase since 1994. At the same time, the rate among higher-income women (those with incomes at or above 200% of the poverty line) fell from 34 in 1994 to 28 in 2001 and 24 in 2006—a 29% decrease.
- Women aged 15–17 were one of the few groups to see notable improvements between 2001 and 2006. Both their unin-

Unintended Pregnancy Rates, by State, in 2006

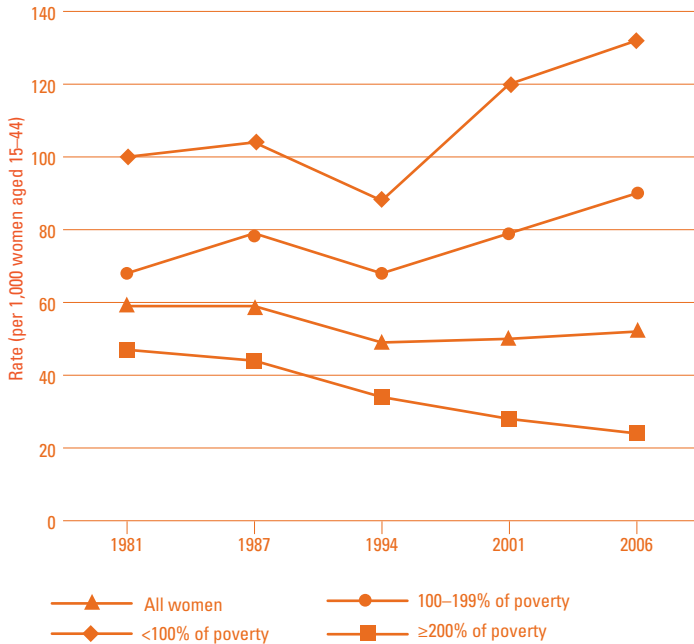
Rates of unintended pregnancy are generally highest in the South and Southwest.



*Rates for Arizona, Indiana, Kansas, Nevada, New Hampshire and South Dakota estimated by multiple regression.

Unintended Pregnancy Rates, 1981–2006

Unintended pregnancy has become increasingly concentrated among poor and low-income women



tended pregnancy rate and their unintended birth rate declined by roughly one-quarter.

OUTCOMES OF UNINTENDED PREGNANCY

- In 2006, 43% of unintended pregnancies ended in abortion and 48% ended in birth. This was a shift from 2001, when 47% ended in abortion and 46% ended in a birth.

- In 2006, the unintended birth rate was 25 per 1,000 women aged 15–44. The abortion rate in 2008 was 20 per 1,000 women.

- The proportion of unintended pregnancies ending in abortion decreased across all racial and ethnic subgroups. However, black women are still more likely to end an unintended pregnancy by abortion than women in other racial and ethnic groups.

- Compared with higher-income women, poor and low-income women are less likely to end an unintended pregnancy by abortion. Consequently, poor women have a relatively high unintended birth rate.

COST OF UNINTENDED PREGNANCY

- In 2006, two-thirds (64%) of the 1.6 million births resulting from unintended pregnancies were paid for by public insurance programs, primarily Medicaid. In comparison, 48% of births overall and 35% of births resulting from intended pregnancies were funded by these programs.

- In 10 states and the District of Columbia, at least 70% of births resulting from unintended pregnancies were paid for by public programs. Louisiana and Mississippi had the highest proportions, at 81% each.

- Total public expenditures for births resulting from unintended pregnancies nationwide were estimated to be \$11.1 billion in 2006. Of that, \$6.5 billion were federal expenditures and \$4.6 billion were state expenditures.

- In seven states, public expenditures on births resulting from unintended pregnancies exceeded half a billion dollars. California and Texas spent the most, at around \$1.3 billion each.

- Of the two million publicly funded births, about one million (51%) resulted from unintended pregnancies, accounting for half the total public expenditures on births.

- These costs reflect the increasing concentration of unintended pregnancies and resulting unplanned births among poor and low-income women. As noted above, in 2006, 64% of unplanned births were publicly funded. Yet only 33% of women aged 15–44 that

year had a family income below 200% of the federal poverty level, which is roughly the income eligibility ceiling for pregnancy-related care in most states' Medicaid programs.

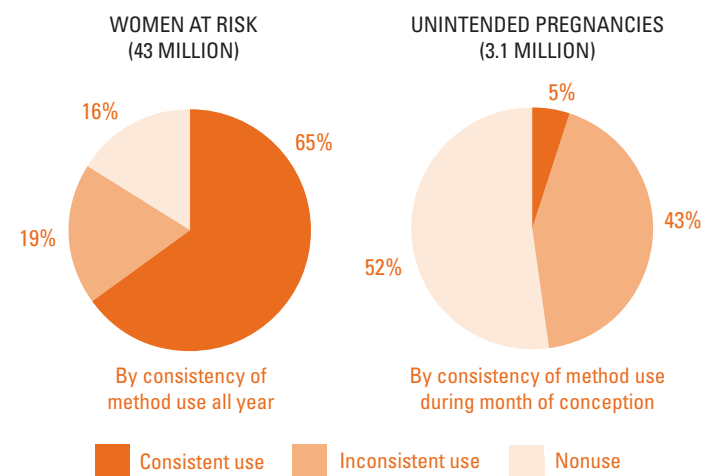
PREVENTING UNINTENDED PREGNANCY

- Two-thirds of U.S. women at risk for unintended pregnancy use contraception consistently and correctly throughout the course of any given year; these women account for only 5% of all unintended pregnancies. In contrast, the 19% of women at risk who use contraception inconsistently or incorrectly account for 43% of all unintended pregnancies. The 16% of women at risk who do not practice contraception at all for a month or more during the year account for 52% of all unintended pregnancies (see graph).

- Publicly funded family planning services help women avoid pregnancies they do not want and plan pregnancies they do want. In 2006, these services helped women avoid 1.94

Contraception Works

The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.



million unintended pregnancies, which would likely have resulted in about 860,000 unintended births and 810,000 abortions.

- Without publicly funded family planning services, the number of unintended pregnancies and abortions occurring in the United States would be nearly two-thirds higher among women overall and among teens; the number of unintended pregnancies among poor women would nearly double.

- The costs associated with unintended pregnancy would be even higher if not for continued federal and state investments in family planning services. In

2008, an estimated \$1.9 billion in expenditures for services at publicly supported family planning centers resulted in \$7 billion in gross savings from helping women avoid unintended pregnancies and the births that would follow.

- In the absence of services provided by publicly funded family planning centers, the annual public costs of births from unintended pregnancy would increase 60% to \$18 billion.

Most data in this fact sheet are from research conducted by the Guttmacher Institute or published in its peer-reviewed journals.



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