



State Facts About Unintended Pregnancy: Connecticut

National Background and Context

Unintended pregnancy can have significant, negative consequences for individual women, their families and society as a whole. An extensive body of research links births resulting from unintended or closely spaced pregnancies to adverse maternal and child health outcomes and myriad social and economic challenges.(1,2) In 2011, the last year for which national-level data are available, 45% of all pregnancies in the United States were unintended including three out of four teen pregnancies; the U.S. unintended pregnancy rate was 45 per 1,000 women aged 15–44, a level significantly higher than that in many other developed countries.(3,4) If current trends continue, more than half of all women in the United States will experience an unintended pregnancy by the time they reach age 45.(3,5) And economically disadvantaged women are disproportionately affected by unintended pregnancy and its consequences: In 2011, the unintended pregnancy rate among women with incomes lower than the federal poverty level, at 112 per 1,000, was more than five times as high as the rate among women with incomes greater than 200% of poverty (20 per 1,000).

In any given year, the two-thirds of women in the United States at risk of unintended pregnancy who use contraceptives consistently throughout the year account for only 5% of all unintended pregnancies; fully 95% of unintended pregnancies are attributable to the one-third of women who do not use contraceptives or who use them inconsistently.(5) Public programs—notably Medicaid and the Title X national family planning program—are central to women's access to affordable contraceptive services and supplies and their ability to use contraceptives effectively. In 2013, 8.3 million women received publicly funded family planning services; these services helped women avoid 2 million unintended pregnancies, which would likely have resulted in approximately 1 million unplanned births and nearly 700,000 abortions(the remainder would have resulted in miscarriages).(6) Absent publicly funded family planning services, the numbers of unintended pregnancies and abortions in the United States would be 60% higher than they currently are.(7)

Unintended pregnancies are also costly to the federal and state governments, resulting in \$21.0 billion in public expenditures in 2010.(7) Yet, these costs could have been considerably higher: By helping women avoid unintended pregnancies, publicly funded family planning services saved taxpayers \$13.6 billion in 2010, or \$7.09 for every \$1 spent.(8)

Incidence and Outcomes of Unintended Pregnancy in Connecticut

- In 2010, 51% of all pregnancies (32,000) in Connecticut were unintended.(9)
- Connecticut's unintended pregnancy rate in 2010 was 46 per 1,000 women aged 15–44. Nationally, rates among the states ranged from a low of 32 per 1,000 in New Hampshire to a high of 62 per 1,000 in Delaware.(9)

- The teen pregnancy rate in Connecticut was 38 per 1,000 women aged 15–19 in 2011. The national teen pregnancy rate was 52 per 1,000, ranging from 26 per 1,000 in New Hampshire to 72 per 1,000 in New Mexico.(10)
- In 2010, 41% of unintended pregnancies in Connecticut resulted in births and 46% in abortions; the remainder resulted in miscarriages.(9)

Public Cost of Unintended Pregnancy in Connecticut

- In 2010, 7,900 or 60.8% of unplanned births in Connecticut were publicly funded, compared with 68% nationally.(7)
- In Connecticut in 2010, the federal and state governments spent \$208.5 million on unintended pregnancies; of this, \$128.4 million (50%) was paid by the federal government and \$80.1 million was paid by the state.(7)
- The total public costs for unintended pregnancies in 2010 was \$301 per woman aged 15–44 in Connecticut, compared with \$201 per woman nationally.(7)

Preventing Unintended Pregnancy in Connecticut

- In 2013, 180,000 Connecticut women aged 13–44 were in need of publicly funded family planning services.(6)
- Publicly supported family planning centers in Connecticut served 68,670 female contraceptive clients in 2013. Those centers met 38% of Connecticut women’s need for contraceptive services and supplies, compared with 36% met by family planning centers nationally.(6)
- In 2010, the reported public expenditures for family planning client services in Connecticut totaled \$11.4 million; this includes \$7.6 million through Medicaid and \$1.9 million through Title X.

Most states also use some of their own money (in addition to funds required to match federal grants) for family planning services; in 2010, Connecticut contributed \$941,000. (11)

- Publicly funded family planning centers in Connecticut helped avert 16,700 unintended pregnancies in 2013, which would likely have resulted in 8,300 unplanned births and 5,700 abortions.(6)
- By averting unintended pregnancies and other negative reproductive health outcomes, publicly funded family planning services provided by safety-net health centers in Connecticut helped save the federal and state governments \$158.3 million in 2010.(8)

References

1. Guttmacher Institute, *Testimony of Guttmacher Institute, Submitted to the Committee on Preventive Services for Women, Institute of Medicine*, 2011, <http://www.guttmacher.org/pubs/CPSW-testimony.pdf>.
2. Sonfield A et al., *The Social and Economic Benefits of Women’s Ability to Determine Whether and When to Have Children*, New York: Guttmacher Institute, 2013, <http://www.guttmacher.org/pubs/social-economic-benefits.pdf>.
3. Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, , 2016, <http://nejm.org/doi/full/10.1056/NEJMsa1506575>.
4. Singh S, Sedgh G and Hussain R, Unintended pregnancy: worldwide levels, trends, and outcomes, *Studies in Family Planning*, 2010, 41(4):241–250.
5. Sonfield A, Hasstedt K and Gold RB, *Moving Forward, Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014, <http://www.guttmacher.org/pubs/family-planning-and-health-reform.pdf>.
6. Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2013 Update*, New York: Guttmacher Institute, 2015, <http://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf>.
7. Sonfield A and Kost K, , New York: Guttmacher Institute, 2015, <http://www.guttmacher.org/pubs/public-costs-of-UP-2010.pdf>.
8. Frost JJ, Sonfield A, Zolna MR and Finer LB, Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program, , 2014, doi: 10.1111/1468-0009.12080, <http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1468-0009.12080/>.
9. Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002* New York: Guttmacher Institute, 2015, <http://www.guttmacher.org/pubs/StateUP10.pdf>.
10. Guttmacher Institute, *U.S. Teenage Pregnancies, Births and Abortions, 2011: State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2016, http://www.guttmacher.org/report_downloads/us-teen-pregnancy-state-trends-2011.pdf.
11. Sonfield A and Gold RB, *Public Funding for Family Planning Sterilization and Abortion Services, FY 1980–2010*, New York: Guttmacher Institute, 2012, <http://www.guttmacher.org/pubs/Public-Funding-FP-2010.pdf>.