

Unintended Pregnancy in the United States

- 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.

- Currently, about half (51%) of the 6.6 million pregnancies in the United States each year (3.4 million) are unintended (see box).

- In 2008, there were 54 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 36% of pregnancies in every U.S. state are unintended. In 28 states and the District of Columbia, more than half of pregnancies are unintended.

- Rates of unintended pregnancy are generally highest in the South and Southwest, and in densely-populated states (see map).

- States with the highest unintended pregnancy rates in 2010 were Delaware, (62 per 1,000 women aged 15–44), Hawaii, New York (61 each) and Maryland (60).

- The lowest unintended pregnancy rates in 2010 were found in New Hampshire (32 per 1,000 women aged 15–44), Minnesota and Vermont (36 each), and Maine (37).

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 2008 was 137 per 1,000 women aged 15–44, more than five times the rate among women at the highest income level (26 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 (70 per 1,000). In 2008, poor women had an unintended birth rate nearly six times as high as that of higher-income women (at or above 200% of poverty.)

- In 2008, black women had the highest unintended pregnancy rate of any racial or ethnic groups. At 92 per 1,000 women aged 15–44, it was more than double that of non-Hispanic white women (38 per 1,000).

- In 2008, women without a high school degree had the highest unintended pregnancy rate among all educational levels (101 per 1,000 women aged 15–44), and rates were lower for women with more years of education.

- 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 less than half the national rate (20 vs. 54 per 1,000).

- The proportion of pregnancies that are unintended generally decreases as age increases. The highest unintended pregnancy rate in 2008 was among women aged 20–24 (104 per 1,000 women).

What is Unintended Pregnancy?

An **unintended** pregnancy is one that was either mistimed or unwanted (51% 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** (31% of pregnancies). If a woman did not want to become pregnant then or at anytime in the future, the pregnancy is considered **unwanted** (20%).

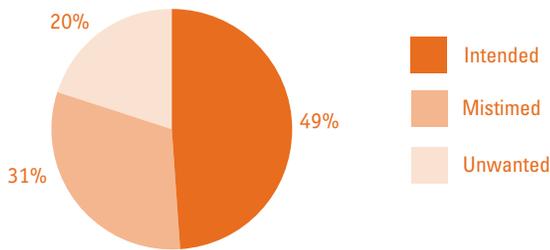
An **intended** pregnancy is one that was desired at the time it occurred or sooner.

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.

In this fact sheet, births resulting from unintended pregnancies are referred to as unplanned and those resulting from intended pregnancies are referred to as planned.

Pregnancies by Intention Status

More than half of pregnancies are unintended.



- Traditional estimates underestimate 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

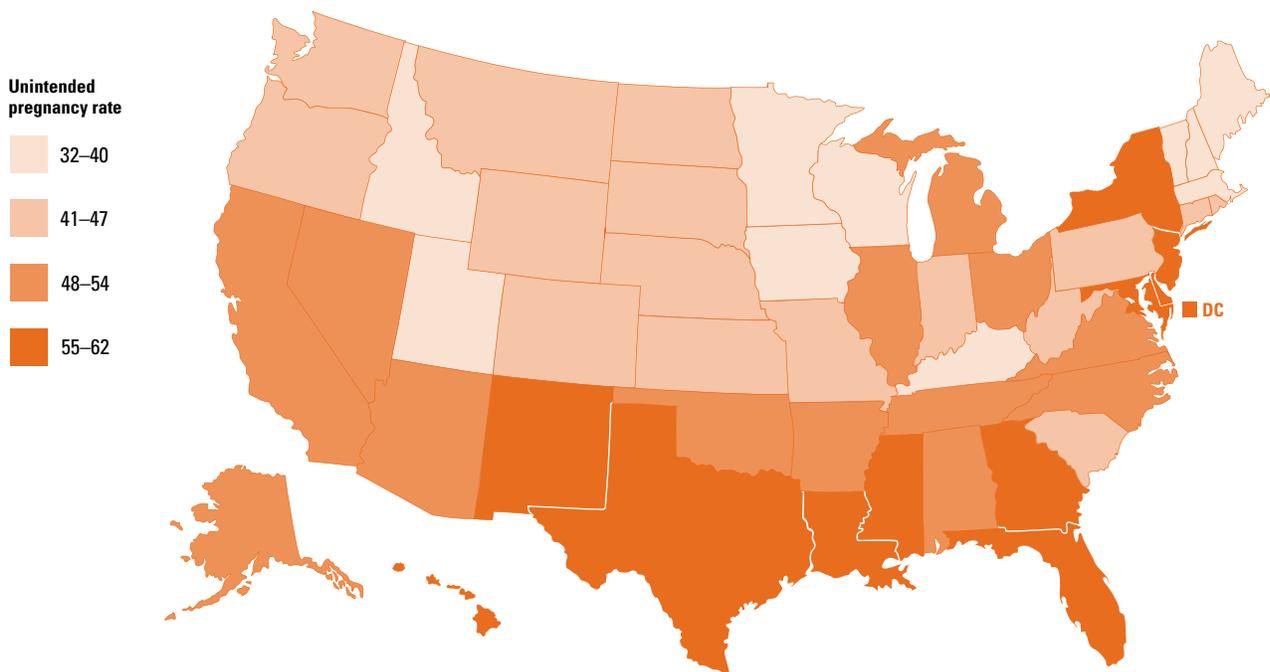
- The proportion of pregnancies that were unintended increased slightly between 2001 (48%) and 2008 (51%).

- 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 increased slightly to 54 per 1,000 in 2008.

- While the rate has increased substantially among poor and low-income women, it has declined 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 137 in 2008—a 56% 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 26 in 2008—a 24% decrease.

- Women aged 18–19 were one of the few groups to see notable improvements between 2001 and 2008. Both their unintended pregnancy rate and their unintended birth rate declined by about 15%.

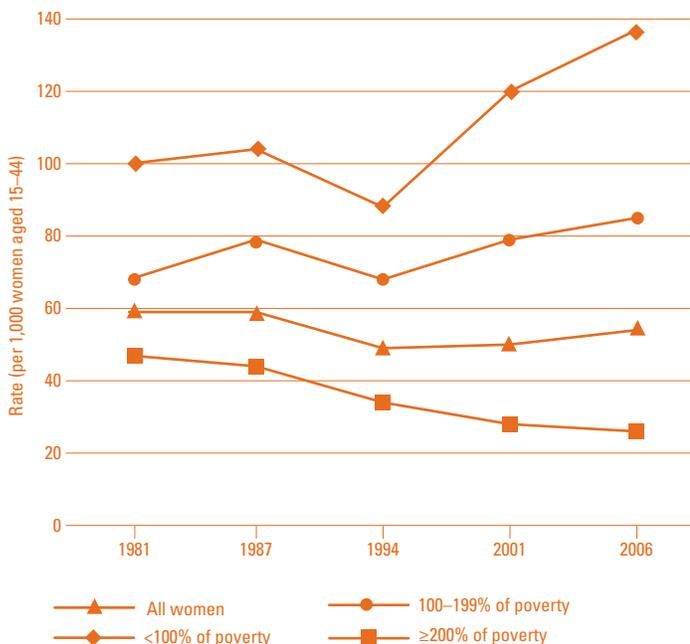
Unintended Pregnancy Rates, by State, in 2010



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

Unintended Pregnancy Rates, 1981–2008

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



OUTCOMES OF UNINTENDED PREGNANCY

- In 2008, 40% of unintended pregnancies (excluding miscarriages) ended in abortion and 60% ended in birth. This was a shift from 2001, when 47% ended in abortion and 53% ended in a birth.

- In 2008, the share of births reported as unintended by women was 40%, and the unintended birth rate was 27 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.

- The proportion of births that fathers report as unintended—about four in 10—is similar to that reported by mothers. The proportion varies significantly according to fathers’ union status, age, education level, and race and ethnicity.

- More than one in 10 single men indicated that they did not know about the pregnancy until after the child was born. Among single men aware of the pregnancy, nearly three out of four births were reported as unintended.

COST OF UNINTENDED PREGNANCY

- In 2010, two-thirds (68%) of the 1.5 million unplanned births were paid for by public insurance programs, primarily Medicaid. In comparison, 51%

of births overall and 38% of planned births were funded by these programs.

- Of the 2.0 million publicly funded births, about half, 1.0 million, were unplanned. By comparison, 1.5 million out of 4.0 million total births nationwide were unplanned (38%).

- In eight states and the District of Columbia, at least 75% of unplanned births were paid for by public programs. Mississippi was the state with the highest proportion (82%), and the District of Columbia’s proportion was 85%. All but two of those nine jurisdictions are in the South, a region with high levels of poverty.

- Total public expenditures on unintended pregnancies nationwide were estimated to be \$21.0 billion in 2010. Of that, \$14.6 billion were federal expenditures and \$6.4 billion were state expenditures.

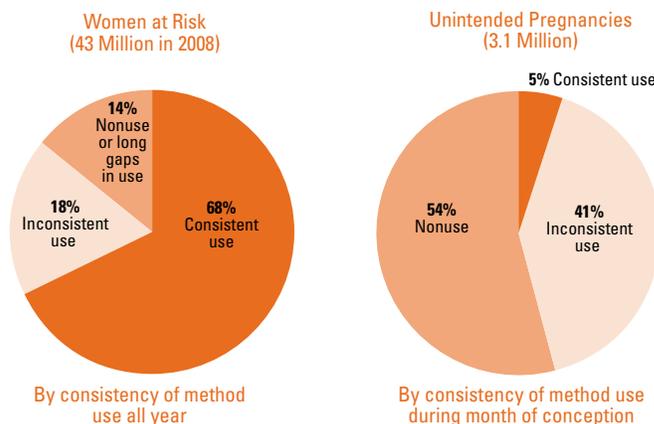
- In 19 states, public expenditures related to unintended pregnancies exceeded \$400 million. Texas spent the most (\$2.9 billion), followed by California (\$1.8 billion), New York (\$1.5 billion) and Florida (\$1.3 billion). Those four states are also the nation’s most populous.

PREVENTING UNINTENDED PREGNANCY

- Two-thirds (68%) 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 18% of women at risk who use contraception inconsistently or incorrectly account for 41% of all unintended pregnancies. The 14% of women at risk who do not practice contraception at all or who have gaps of a month or more during the year account for 54% of all unintended pregnancies.

Modern 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.



Notes: “Nonuse” includes women who were sexually active, but did not use any method of contraception. “Long gaps in use” includes women who did use a contraceptive during the year, but had gaps in use of a month or longer when they were sexually active. “Inconsistent use” includes women who used a method in all months that they were sexually active, but missed taking some pills, or skipped use or incorrectly used their barrier method or condom during some acts of intercourse. “Consistent use” includes women without any gaps in use who used their method consistently and correctly during all months when they were sexually active, including those who used a long-acting or permanent method.

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 2010, these services helped women avoid 2.2 million unintended pregnancies, which would likely have resulted in about 1.1 million unintended births and 760,000 abortions.
- Without publicly funded family planning services, the number of unintended pregnancies and abortions occurring in the United States would be 66% higher among women overall, 70% higher among poor women and 73% higher among teens.

- The costs associated with unintended pregnancy would be even higher if not for continued federal and state investments in family planning services. In 2010, the nationwide public investment in family planning services resulted in \$13.6 billion in net savings from helping women avoid unintended pregnancies and a range of other negative reproductive health outcomes, such as HIV and other STIs, cervical cancer and infertility.

- In the absence of the current U.S. publicly funded family planning effort, the public costs of unintended pregnancies in 2010 might have been 75% higher.

*Most data in this fact sheet are from research conducted by the Guttmacher Institute or published in its peer-reviewed journals. References are available in the HTML version:
<http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html>*



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