Pregnancy Intention: How PRAMS Data Can Inform Programs and Policy

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Background: In most states, the Pregnancy Risk Assessment Monitoring System (PRAMS) is the only state-specific, population-based data on the prevalence of unintended pregnancy among women having a live birth. These data can be used in a variety of ways to inform state policies and programs aimed at the prevention of unintended pregnancy. Objectives: This paper highlights the programmatic and policy development activities undertaken by three states in relation to unintended pregnancy as well as the role that PRAMS data played in those efforts. Results: Georgia, Oklahoma, and Washington have used PRAMS data to gain support for program initiatives directed at unintended pregnancy, to promote policies aimed at either monitoring or reducing unintended pregnancy, and to acquire additional funds for related programs, such as family planning.

KEY WORDS: PRAMS; unintended pregnancy; policy; program; data; family planning.

INTRODUCTION

Unintended pregnancy is widely recognized as a major problem in the United States, cutting across racial, ethnic, socioeconomic, and demographic groups (1). Each year half of all pregnancies and 31% of all pregnancies resulting in a live birth are unintended (1).

In response to the continuing health, social, economic, and other consequences associated with unintended pregnancies and subsequent births, federal and state governments and local communities have initiated efforts to monitor, evaluate, and prevent unintended pregnancy. At the national level, the

Healthy People 2010 objectives for the United States include the planning status of pregnancies. Other related Healthy People 2010 objectives focus on reducing the proportion of repeat unintended births; increasing contraceptive use among females at risk for unintended pregnancy, decreasing the proportion of women who experience a contraceptive failure, and increasing the proportion of family planning clinics that provide postcoital hormonal contraception (2). These national objectives are used by states along with their own objectives to develop programs and policies around unintended pregnancy.

Meeting these objectives requires having systems capable of monitoring these indicators at the state and national levels and periodically reporting on progress. The Pregnancy Risk Assessment Monitoring System (PRAMS) is the only surveillance system currently providing population-based, state-specific data on the intendedness of pregnancy. PRAMS was developed by the Centers for Disease Control and Prevention (CDC) as an ongoing state-based data system focusing on maternal behaviors and experiences before, during, and after pregnancy. PRAMS also enables states to collect information on
a wide array of sociodemographic and programmatic indicators to enhance the examination and interpretation of behavioral data.

Since PRAMS started in 1987, there have been four calls for proposals and the number of PRAMS projects has increased from 6 to 23. Successful applicants are either awarded federally funded cooperative agreements or provided technical assistance with state funding for the operation of the project. As additional resources are identified for PRAMS, more projects may be included.

An important objective of each state PRAMS project is to disseminate the findings from the surveillance system and use them to inform health policy and modify health programs. Developing alliances among vital registration, maternal and child health, and other relevant state partners is an important step in translating PRAMS data into public health action. Several PRAMS states, working within partnerships, have identified unintended pregnancy as a priority issue and have initiated a variety of activities to prevent unintended pregnancy and its consequences.

In this paper, we highlight the experiences of three PRAMS states: Georgia, Oklahoma, and Washington. These three states were selected because they have identified unintended pregnancy as a priority public health concern and used PRAMS data in their efforts to develop unintended pregnancy program initiatives, to promote policies aimed at reducing unintended pregnancy, and to acquire additional funds for related programs.

**PRAMS METHODS**

PRAMS data were available in 1997 for 13 states. These states used a standard methodology to sample new mothers, achieved 70% or higher response rates for 1997, and had fully implemented the PRAMS data collection procedures. Other PRAMS states did not yet have data available.

PRAMS is a mixed mode surveillance system. Participating states randomly sample 100–250 new mothers monthly, based on information from recently processed birth certificates. The selected women are mailed a questionnaire 2 to 6 months postpartum. Nonrespondents are mailed up to two additional questionnaires, followed by attempted telephone contact. Responses from women who complete the questionnaire are combined and then weighted to be representative of all mothers who had a live-born infant in the state. Additional details about the PRAMS methodology are described elsewhere (3, 4).

PRAMS uses a 14-page questionnaire with core and state-specific questions on various topics. All states use the following question addressing pregnancy intention:

**Question:** Thinking back to just before you were pregnant, how did you feel about becoming pregnant?

**Possible responses:**
- I wanted to be pregnant sooner.
- I wanted to be pregnant later.
- I wanted to be pregnant then.
- I didn't want to be pregnant then or at any time in the future.
- I don't know.

Intended pregnancies are those for which a woman stated that she wanted to be pregnant when she conceived or sooner. Unintended pregnancies are those for which a woman stated that she either wanted to be pregnant later (mistimed) or did not want to be pregnant at any time (unwanted).

**PRAMS DATA INTO ACTION**

Recent PRAMS reports indicate that the prevalence of unintended pregnancy among women delivering a live-born infant in the 13 PRAMS states in 1997 ranged from 33.9% in Maine to 50.0% in Oklahoma and South Carolina (5). The prevalence was 45.0% for Georgia and 36.6% for Washington (5). In Georgia, Oklahoma, and Washington, the prevalence of unintended pregnancy was significantly higher for Medicaid recipients, those less than 20 years of age, those with less than 12 years of education compared to those with more than 12 years of education, and black women compared to white women (5).

Georgia, Oklahoma, and Washington are PRAMS states that have made unintended pregnancy a priority maternal and child health issue. Although other PRAMS states are involved in unintended pregnancy prevention activities, the experiences of these states are presented as examples of state prevention activities addressing unintended pregnancy as well as ways to incorporate PRAMS data into those activities.

**Georgia**

Georgia has addressed unintended pregnancy in several ways. The Women’s Health Section of the