

Unplanned Pregnancy: Have Family Physicians Used Opportunities To Make A Difference?

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Unplanned pregnancies are a health concern for women. There are more than 3 million unplanned pregnancies in the United States each year, and the rate is increasing.¹⁻⁷ The consequences of any pregnancy are serious — there are increased morbidity and mortality from pregnancy, and it is accompanied by emotional, social, and financial complications. An unplanned pregnancy adds further unexpected burdens.⁸ Reasons for the increase in the unplanned pregnancy rate at a time when birth control is safe and readily available are complex. Some of the causes of unplanned pregnancy might be failure to use birth control methods or their incorrect or inconsistent use.^{2-4,9,10} Family physicians, who have opportunities to see women in their offices for many reasons other than visits for contraception, are in a good position to offer birth control counseling. The purpose of this study was to learn whether family physicians used opportunities to discuss contraceptive choices with women before an unplanned pregnancy was conceived.

Methods

The 18 residents and 2 faculty members of the Bristol Family Practice Center (BFPC) provide prenatal care to area residents. A retrospective review of the charts of all 296 prenatal patients who registered from 1 July 1990 to 1 July 1992 was conducted by a faculty member and a student researcher. The patients were asked directly at their first visit whether the pregnancy had been planned. Demographic and medical data routinely obtained at the first prenatal visit, reports of visits to the BFPC in the 5 years before the pregnancy, and documented discussions of birth control methods at those visits were abstracted from the charts. The data were analyzed using *Statistical Packages for the Social Sciences Program*.¹¹ Demo-

graphic values were initially analyzed by the chi-square test of association.

Results

Of the 296 women in the study, 193 (65.2 percent) were married, 74 (25.0 percent) were single, and 29 (9.7 percent) were separated or divorced at the time of their pregnancy. Most of the women, 233 (78.7 percent), were insured through Medicaid, 47 (15.9 percent) had private insurance, and 16 (5.4 percent) had no insurance for prenatal care. The parity of these women ranged from 0 to 7; the mean was 0.905 (SD \pm 0.997). Ninety-eight percent of the women were white; 2 percent were African-American.

Whether the women had planned their pregnancies was documented in 269 (91 percent) of the charts. Most of these pregnancies, 60 percent, were unplanned. Women were as likely to have an unplanned pregnancy with their first child as with subsequent pregnancies. As the woman's age increased, so did the likelihood that the pregnancy was planned. Single, separated, or divorced women were less likely than married women to have planned their pregnancies.

One hundred ten women (41 percent) had seen a physician in the BFPC in the 5 years before their present pregnancies. There was no association between visiting the BFPC before pregnancy and whether the pregnancy was planned (Table 1).

Physicians documented discussion of birth control methods with 77 (70 percent) of the 110 women who visited the BFPC in the 5 years before their pregnancies. Discussion of birth control at an earlier visit to the BFPC was not more common among women with planned pregnancies than among women with unplanned pregnancies. Forty-seven (61 percent) of the 77 women who had discussed birth control with their physicians described their pregnancies as unplanned (Table 2). Forty-seven (67 percent) of the 70 women who stated that their pregnancy was unplanned had an opportunity to discuss birth control with their physicians.

Submitted, revised, 11 May 1993.

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Table 1. Number and Percent of Pregnancies Planned by Record of Visiting the Bristol Family Practice Center (BFPC) 5 Years before Delivery.*

Seen in BFPC	Pregnancy Planned		Total
	Yes	No	
Yes	40 (36.4)	70 (63.6)	110
No	67 (42.0)	92 (58.0)	159

* $P = 0.410$ (chi-square = 0.680, 1 df).

Discussion

Unplanned pregnancy is an important problem that concerns physicians who provide preventive health care for women. Ideally, all pregnancies would be planned. Family physicians see women for many reasons. In this study we found that family physicians did discuss birth control with 70 percent of women seen before their pregnancy. It had been anticipated that discussing birth control would have helped the women plan their future pregnancies. We found, however, that a discussion about birth control before conception was not associated with the women describing their pregnancies as planned (Table 2). Only 30 women (39 percent) of the 77 who discussed birth control with their physicians stated that their next pregnancies were planned.

This family practice population had a high rate of women (60 percent) who stated that their pregnancies were unplanned. Nationally the percentage of pregnancies that are unplanned varies from 10 to 60 percent.^{1-3,7} In one midwest community, 56 percent of women had one or more unplanned pregnancies, and 44 percent of all pregnancies were unplanned.² Unplanned pregnancies are more likely at younger ages, and the rate of unplanned teenage pregnancies is increasing.^{1,5}

Table 2. Whether Discussion of Birth Control with 110 Women before Conception Affected Whether Pregnancy Was Planned.*

Discussed Birth Control	Pregnancy Planned		Total
	Yes	No	
Yes	30 (39)	47 (61)	77 (70)
No	10 (30.3)	23 (69.7)	33 (30)
Total	40 (36.4)	70 (63.6)	110 (100)

* $P = 0.516$ (chi-square = 0.421, 1 df).

Fewer than 12 years of education and low economic status (living below the poverty level) have been noted to increase the rate of unplanned pregnancy.⁶

The rate of unplanned pregnancies in this study was significantly higher in single women and in the younger age groups. A single woman might be less likely to admit that her pregnancy was planned, fearing social consequences. Teenagers are less likely than older women to use contraception in a consistent fashion.^{1,9} One-half of all unwanted teenage pregnancies are conceived during the first 6 months of sexual activity, and less than one-third of teenagers used contraception during that time.^{5,11,12}

Because most patients (78.8 percent) in this study were receiving Medicaid, it was not possible to assess whether Medicaid was related to the planning of the pregnancy. Even older married women had a high rate of unplanned pregnancy; almost one-half the pregnancies of married women and 49 to 59 percent of pregnancies in women older than 22 years were unplanned. Having been pregnant previously did not increase the likelihood that next pregnancy was planned.

We found that when women visited their physicians, birth control was discussed. Some women, however, either were not visiting physicians, or contraceptive measures were not being consistently or effectively used. It is possible that these women with unplanned pregnancies were given inadequate or incomplete information during counseling about contraception, or they experienced undesirable side effects of contraceptive methods.

Difficulties in design of this study included lack of information on the length of time between preconception visit and the pregnancy, as well as the large percentage of women who had not attended the BFPC before conception. This study was retrospective; women were not studied after counseling for contraception to determine rates of unplanned pregnancies. Because this population was poor and from a small-town-rural area, the results of this study might not be generalizable. Women were asked only whether their pregnancies were planned; no information was consistently sought as to why any pregnancy was unplanned or what the repercussions were of the planned or unplanned pregnancy. To address these important questions, another larger prospective study would be needed.

These results are discouraging. Although family physicians appear to discuss birth control when they have the opportunity, discussing birth control seemed not to affect the likelihood of a pregnancy being planned in this population. Further study is needed to determine how to improve women's satisfaction with and use of contraception and how to help women avoid unplanned pregnancies.

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