

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a state-run program that, through surveys, collects information on the experiences, feelings, and health of women who have recently given birth to a live infant. This information is used by states to inform programs and policies that improve birth outcomes and the overall health of its maternal and child population.



For questions related to Tennessee PRAMS, contact

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Birth control has been shown to improve a woman's health and her pregnancy by helping to space births over time so they don't put too much stress on the mother and her baby¹. Most mistimed pregnancies are caused by birth control either:

- being used but **failing** or
- *not* being used at all (**non-use**).²

The chance of failure varies by the type of birth control; some methods are more likely to fail than others.

Mistimed pregnancies are linked to a variety of poor birth and health outcomes because the pregnancy is unexpected and unprepared for. They are also linked to lower educational performance, increased chance of being a single parent, and long-lasting struggles with money.^{3, 4, 5} It is important to understand the link between overall use of birth control and pregnancy, as well as the reasons for non-use among women with mistimed pregnancies.

What is "mistimed" pregnancy?

Tennessee PRAMS asks:

"Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?" Women could select **one** answer:

- I wanted to be pregnant later
- I wanted to be pregnant sooner
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future
- I wasn't sure what I wanted

For this report, "**mistimed pregnancy**" was defined as wanting to be pregnant "later", "didn't want to be pregnant then or at any time in the future", or "wasn't sure"

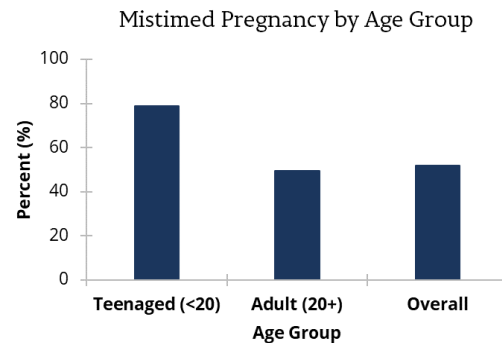
* All data reported comes from 2012-2018 Tennessee PRAMS; only women who had pregnancies that resulted in a live birth are selected to participate in the PRAMS surveys.

How many Tennessee women have mistimed pregnancies?

Nearly one of two* pregnancies resulting in a live birth are mistimed

52% of Tennessee women with live births between 2012 and 2018 reported her pregnancy was mistimed.

More **teenaged** women reported **mistimed** pregnancy compared to adult (20+ years of age) women.



Source: TN PRAMS (2012-2018)

How many women used birth control?

Use of birth control is low

Over 45% of all women with an *unintended* pregnancy reported using any type of birth control when she got pregnant.

While teenaged women more frequently reported using any birth control compared to adults, the difference was not significant.



More women with an mistimed pregnancy were using a “least effective” method.

Only about 19% of women with mistimed pregnancy reported using most- or moderately-effective birth control methods in Tennessee.

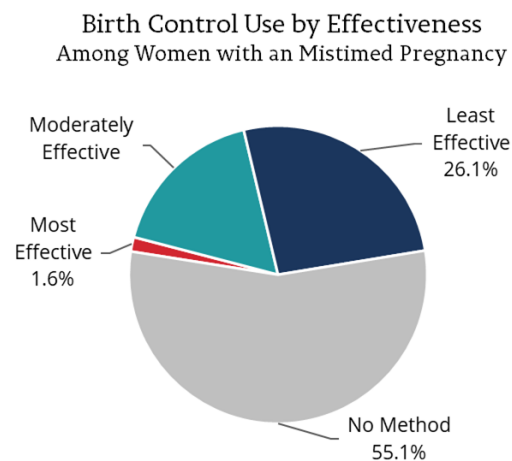
Birth Control Failure Rates			
<i>% of women who will become pregnant during the first year of use, by method</i>			
Effectiveness	Method	Typical use	Perfect use
Most (permanent)	Vasectomy (male sterilization)	0.15	0.1
	Tubal surgery (female sterilization)	0.5	0.5
Most (reversible/long-acting)	Implant	0.1	0.1
	IUD (hormone-releasing)	0.1-0.4	0.1-0.3
	IUD (copper T)	0.8	0.6
Moderate	Injectable	4	0.2
	Combined and progestin-only pill	7	0.3
	Vaginal ring	7	0.3
	Diaphragm (with spermicidal cream or jelly)	17	16
	Patch	7	0.3
Least	Male condom	13	2
	Internal (female) condom	21	5
	Withdrawal	20	4
	Sponge (when used by women who have not given birth)	14	9
	Fertility awareness-based methods*	2-34	<1-12
	Spermicides	21	16
	Sponge (when used by women who have given birth)	27	20
None	No method	85	85

*Range of estimates comes from a small number of moderate-quality studies and may not apply to all populations; higher-quality data are needed (Peragallo Umutia et al., 2018). Notes: Typical-use failure rates express effectiveness among all women who use the method, including those who use it inconsistently and incorrectly. Perfect-use failure rates express effectiveness among only those women who use the method both consistently and correctly. IUD=intrauterine device.

Source: Guttmacher Institute, Guttmacher.org

What is “Method Effectiveness”?

- **Most-Effective:** Less than 1 pregnancy per 100 women in a year
- **Moderately-Effective:** 6-12 pregnancies per 100 women in a year



Source: TN PRAMS (2012-2018)

Did you know?

The U.S. Department of Health and Human Services' "Healthy People" effort to improve "pregnancy planning and prevention of unintended pregnancies: includes the following objectives:

- ◆ Reduce the proportion of unintended pregnancies (FP-01)
- ◆ Increase the proportion of women at risk for unintended pregnancy who use effective birth control (FP-10)
- ◆ Reduce pregnancies in adolescents (FP-03)

Reasons for Birth Control Non-Use

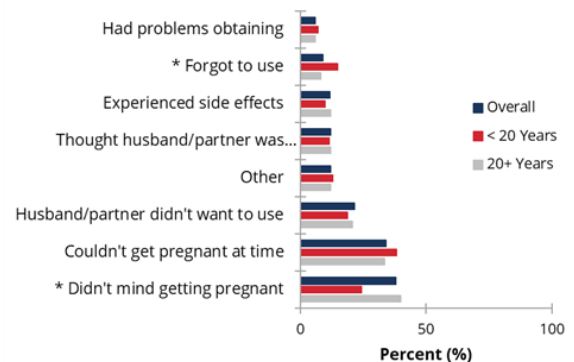
Among women with an mistimed pregnancy, the most common reason for non-use was "I didn't mind if I got pregnant", followed by "I thought I could not get pregnant at that time".

Less common reasons included not being able to obtain birth control and forgetting to use it.

Reasons for non-use were similar across age groups:

- more **teenaged** women reported **"forgot to use"**
- more **adults** reported **"didn't mind getting pregnant"**

Reasons for Birth Control Non-Use Among Women with a Mistimed Pregnancy



* indicates statistically significant difference between age groups
- Responses were "check all that apply" and can sum to > 100%

Source: TN PRAMS (2012-2018)

Resources

The Tennessee Department of Health (TDH) offers **family planning (FP) services** in all 95 counties across the state. These services are not just limited to birth control, but include screening for sexually transmitted infections and HIV, pregnancy testing, preconception counseling, and basic infertility counseling. All services are client-centered and confidential.

To learn more about Family Planning services, scan the code here or visit tn.gov/FamilyPlanning



References

1. Biermann, J., Dunlop, A. L., Brady, C., Dubin, C., & Brann, A., Jr. (2006). Promising Practices in Preconception Care for Women at Risk for Poor Health and Pregnancy Outcomes. *Maternal and Child Health Journal*, 10(S1), 21–28. <https://doi.org/10.1007/s10995-006-0097-8>
2. National Center for Chronic Disease Prevention and Health Promotion. (n.d.). Unintended Pregnancy | Unintended Pregnancy | Reproductive Health | CDC. Retrieved March 26, 2020, from <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm>
3. Maternal and Child Health Bureau. (n.d.). Unintended Pregnancy and Contraception, Women's Health USA 2011. Retrieved March 26, 2020, from <https://mchb.hrsa.gov/whusa11/hstat/hstrmh/pages/227upc.html>
4. Haddrill, R., Jones, G. L., Mitchell, C. A., & Anumba, D. O. (2014). Understanding delayed access to antenatal care: a qualitative interview study. *BMC Pregnancy and Childbirth*, 14(1). <https://doi.org/10.1186/1471-2393-14-207>
5. Institute of Medicine (US) Committee on Unintended Pregnancy. (1995, March 26). Consequences of Unintended Pregnancy - The Best Intentions - NCBI Bookshelf. Retrieved March 26, 2020, from <https://www.ncbi.nlm.nih.gov/books/NBK232137/>

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Division of Family Health & Wellness

Data source: Tennessee Pregnancy Risk Assessment Monitoring System (2012-2018)