

Reassessing Unintended Pregnancy



Toward a Patient-centered Approach to Family Planning

Jessica E. Morse, MD, MPH^{a,*}, Shanthi Ramesh, MD^a,
Andrea Jackson, MD, MAS^b

KEYWORDS

- Underserved women • Unintended pregnancy • Patient-centered care
- Family planning • Reproductive life planning • Contraceptive counseling
- Disparities

KEY POINTS

- Underserved women, particularly those who are low income and of racial and ethnic minorities, experience a disproportionate share of unintended pregnancies in the United States.
- Unintended pregnancy rates are general markers of women's health and status but may not accurately capture women's experiences of these pregnancies.
- A patient-centered approach to family planning optimizes women's reproductive preferences and is cognizant of historical harms and current disparities.
- Clinicians, researchers, and policy makers can all adopt a patient-centered approach to help underserved women regain their reproductive autonomy.

INTRODUCTION

Low-income women and racial and ethnic minorities experience a disproportionate share of unintended pregnancies in the United States.¹ Although unintended pregnancy rates are general markers of women's health and status, they may not accurately capture women's experiences of these pregnancies or their social circumstances. The authors suggest a patient-centered approach to family planning that

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^a Family Planning Division, Department of Obstetrics & Gynecology, University of North Carolina, 101 Manning Drive, Campus Box #7570, Chapel Hill, NC 27514, USA; ^b Department of Obstetrics, Gynecology & Reproductive Sciences, University of California, 2356 Sutter Street, 5th Floor, San Francisco, CA 94143, USA

* Corresponding author.

E-mail address: Jessica_morse@med.unc.edu

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optimizes women's reproductive preferences and is cognizant of historical harms and current disparities. Such an approach addresses the issue of unintended pregnancy in a comprehensive and nuanced way that places the women's preferences at the center of the contraceptive decision-making process, research, and public health policies. Clinicians, researchers, and policy makers can all adopt a patient-centered approach to help underserved women regain their reproductive autonomy.

REASSESSING UNINTENDED PREGNANCY

What Is Unintended Pregnancy?

In the United States and abroad, unintended pregnancy rates are considered a key indicator of women's autonomy and control over their reproductive lives and are used extensively in research, policy, and program planning. Since the introduction of this metric as a marker for reproductive health in the 1940s, numerous political, economic, and cultural changes have taken place that have a profound impact on how people perceive sexuality, fertility, and even medical care. Some of these changes may suggest that it is time to reassess what is being measured when unintended pregnancy is measured.

An unintended pregnancy was traditionally defined as a pregnancy that, at the time of conception, was either mistimed (the mother wanted the pregnancy to occur at a later time) or unwanted (the mother did not want it to occur at that time or any time in the future). By default, pregnancies that occur at the right time, later than desired, or to women who are indifferent about the pregnancy are considered intended.² Unintended pregnancy is a subjective metric that retrospectively asks a woman to describe her feelings about her pregnancy. Data are generally collected via survey, and, almost exclusively, from the woman. The National Survey of Family Growth (NSFG) and Pregnancy Risk Assessment Monitoring Survey (PRAMS), two commonly used tools for national-level data on unintended pregnancy, assess pregnancy intendedness by inquiring about pregnancy timing (too soon, too late, or just right). Other survey tools use questions about happiness relative to pregnancy, or consideration of pregnancy termination, suggesting that unintended pregnancy rates may vary based on how the questions are asked.

What Is the Utility of Measuring Unintended Pregnancy?

Unintended pregnancy has long been considered a significant public health problem and has been used as a key indicator of women's overall health status and access to reproductive health services. Poor pregnancy outcomes, such as late entry to prenatal care, alcohol and tobacco use, and low birth weight, have been associated with unintended pregnancy.^{3,4} Long-term impacts include lower economic and educational gains.³⁻⁵ Although these negative impacts of unintended pregnancy are of great concern, it remains unclear to what extent they can be disentangled from the associated complex social and economic factors that may be driving them. The women most likely to experience unintended pregnancies are from socially marginalized communities: poor women, less educated women, and racial and ethnic minority women. These women are also more likely to experience poor pregnancy outcomes (both immediate and long term), whether a pregnancy was planned or not.⁶⁻⁸ They are also more likely to live in communities of disenfranchisement, where decades of discriminatory policies result in limited access to health care and economic instability. Thus, some of the long-term outcomes of unintended pregnancy are hard to separate from these circumstances. Regardless of the imperfect definition and unclear associations with poor outcomes, unintended pregnancy is currently the best metric to evaluate the reproductive health of a society and community.

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