PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
A survey for healthier babies in New Jersey

Assessing Unintended Pregnancy in New Jersey Birthing Persons, 2018-2022

The New Jersey Pregnancy Risk Assessment Monitoring System (NJ PRAMS) is a joint project of the New Jersey Department of Health (NJDOH) and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for mothers and infants in New Jersey. One out of every 50 mothers is sampled monthly when newborns are two to six months old. Survey questions address their feelings and experiences before, during, and after pregnancy. The PRAMS sample design oversamples smokers and minorities. Data are weighted to give representative estimates of proportions in specific categories and of actual persons. More than 29,500 birthing persons are included between 2002-2022, with an average response rate of 70%.

Unintended Pregnancy

The Centers for Disease Control and Prevention (CDC) defines unintended pregnancy as a pregnancy that occurs undesirably. A birthing individual is at risk of unintended pregnancy (UP) during a sexual encounter in an instance where the individual is not sterile or is neither pregnant, hoping to be pregnant, nor postpartum.[1] Between 2017-2019, 62.2% of women who were determined to be at risk of UP were using effective birth control measures.[2] Healthy People 2030 (HP 2030) aims to reduce the percentage of unintended pregnancies in the United States (US) among women aged 15-44 years to 36.5%.[3] The National Center for Health Statistics reported that 35.7 per 1,000 females aged 15-44 years, representing 41.6% of birthing people in this age group, had an UP in 2019.[4] These statistics include UPs resulting in live births, abortions, and pregnancy losses.[4] Although this is a decline from years prior, the US is still 5.1% above Healthy People's target.[3,4]

Substance use (e.g., heavy smoking, heavy alcohol consumption, and binge drinking), low socioeconomic status, and lack of social support have been associated with increased risk of UP.[5,6,7] UP has also been shown to have a negative influence on the mother's well-being --- it is associated with higher levels of depression during all three trimesters and for the first 12 months postpartum.[8]

Over the past decade, unintended pregnancy in New Jersey (NJ) has declined from 30.9% in 2012 to 20.8% in 2022 --- well below the national target set by Healthy People.[9] However, disparities exist when assessing trends across socioeconomic factors such as race/ethnicity, age, and education. Non-Hispanic (NH) Black persons have consistently seen higher rates compared to NH White and NH Asian persons (Figure 1). Persons aged 20-24 also tend to see higher UP rates compared to other age groups.[9] Additionally, high school graduates and those with a less than high school education continuously show higher rates of UP.[9]

Contraception Use

An essential tool in preventing UP is the use of contraceptives. A cross-sectional study based on the National Survey of Family Growth (2002-2015) found that 1 in 4 Black, Hispanic, or low-income participants delayed the use of contraceptives.[10] These findings were significantly associated with [unintended] pregnancy during the first three months of the initiation of sexual activity.[10] Moreover, age, relationship status, respondent mother's age at first birth, poverty level, and insurance status all contribute to disparities in UP seen between Black and White women.[11] Effective methods of birth control include sterilization, implants, intrauterine devices, injectables, oral pills, patches, rings, or diaphragm.[1] Some barriers to birth

control use include cost, limited availability of clinics with desired birth control options, and transportation.[12]

Rates of birth control use at conception have remained inconsistent in NJ between 2012 and 2022, both at the state level and within racial/ethnic groups (Figure 2). Ideally, rates would decrease over time, signifying that birthing persons are actively choosing pregnancy and taking measures to do so instead of being taken by surprise (i.e., UP). Considering the risks, health care providers should continue to discuss contraception options and risks in a timely fashion, as not doing so

may directly contribute to delays in birth control use and access.[10] Further, clinicians should educate at-risk persons on a wide variety of options. This is especially true considering the stigma regarding hormonal contraceptives. People may delay or be against using hormonal birth control due to fear of side effects (physically, mentally, and effects on their libido), as well as the lack of compassion shown for those concerned with side effects.[13] Providers should offer comprehensive education in a sensitive manner so that patients can make informed, confident decisions regarding their reproductive care.

Figure 1: Trends in Unintended Pregnancy in New Jersey By Race/Ethnicity, NJ PRAMS 2012-2022
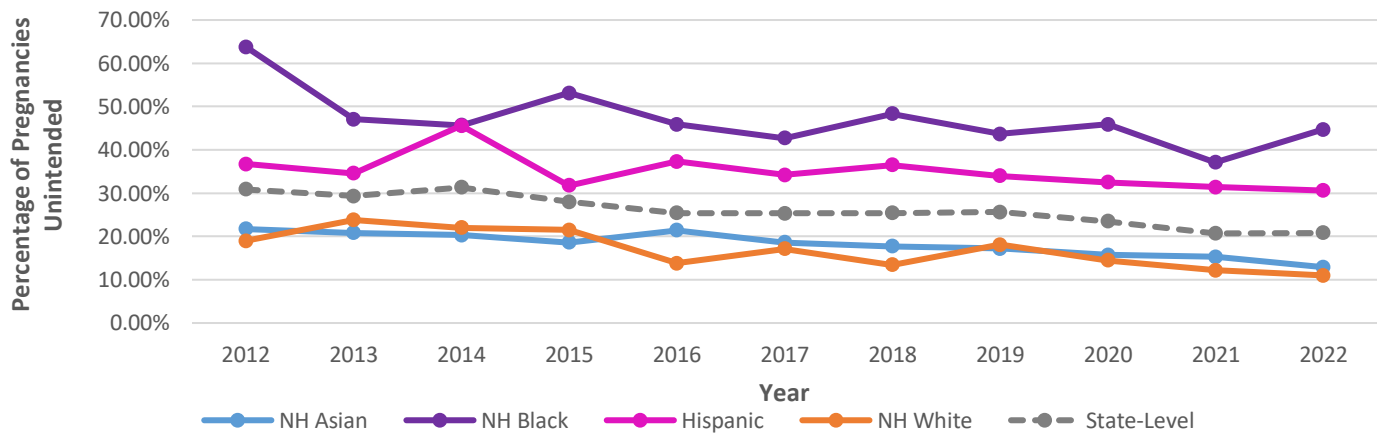
Source: New Jersey State Health Assessment Data

Figure 2: Trends in Birth Control Use at Conception by Race/Ethnicity in New Jersey, NJ PRAMS 2012-2022
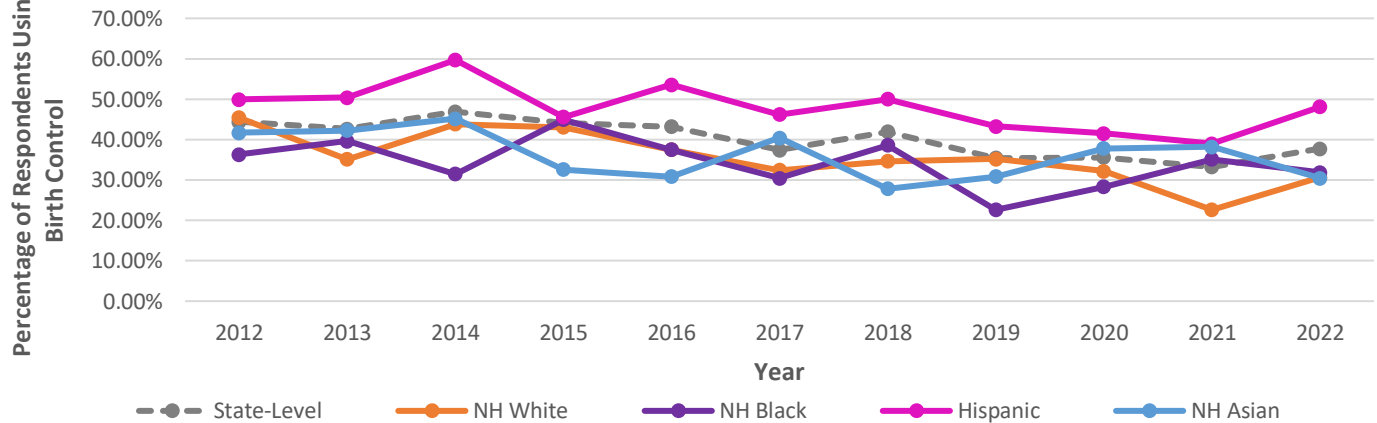
Source: New Jersey State Health Assessment Data

The purpose of this study was to determine the current profile of NJ birthing persons who experienced an unintended pregnancy and to assess how birth control use may have played a role in pregnancy intention.

Methodology

This cohort study utilized weighted NJ PRAMS data from 2018-2022. Using data collected through the PRAMS survey, a pregnancy was deemed intended if the mother stated or selected they wanted to have a baby "sooner" than when they did or "then" (as in, they originally wanted to get pregnant around the time when they did). A pregnancy was classified as unintended if the mother stated or selected they wanted to get pregnant "later" than they did or if they "did not want [to get pregnant] then or any time." Participants who responded, "I wasn't sure what I wanted," were counted as missing and were not included in the sample. Descriptive statistics were obtained using standard frequencies within sub-populations and cross-tabulations amongst variables. Variables for consideration included maternal race/ethnicity, age (in years), educational attainment, pre-pregnancy insurance, WIC status during pregnancy, parity (the number of previous live births), birth control use at conception, and pregnancy intention.

Descriptive Analysis

Study Population Characteristics

Most of the population identified as NH White (45.46%), followed by Hispanic (31.00%), NH Black (12.97%), and NH Asian (10.57%) (Figure 3). Survey respondents between 25-34 years old were the largest age group (59.03%) (Table 1). Most participants had at least some college education (66.58%) (Table 1). About one-fifth of the population (20.88%) utilized Medicaid for pre-pregnancy insurance; 16.07% had no insurance then (Table 1). During their pregnancy, approximately 30% of the population used WIC services (Table 1). Most survey respondents had no previous live births (42.08%) (Table 1). Participants using birth control during conception accounted for 36.77% of the population; 23.17% of the pregnancies were unintended (Table 1).

Figure 3: Racial/Ethnic Breakdown of the Study Population by Indicator of Focus (UP, UP+BC & UP+Not on BC), NJ PRAMS 2018-2022

Note: *UP = Unintended pregnancy. BC = Birth control use at conception.*
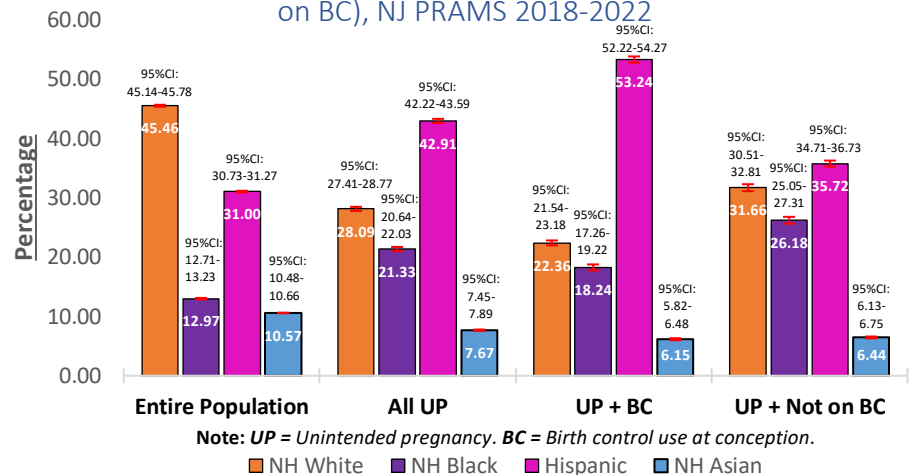
Source: New Jersey PRAMS Dataset, 2018-2022

Table 1. Entire Population Characteristics (N=5,311), NJ PRAMS 2018-2022	
Indicator	Weighted Percentage
Maternal Age (in Years) (p<.0001)	
Less than 20	2.51
20-24	11.42
25-34	59.03
35+	27.04
Educational Attainment (p<.0001)	
Less Than High School	9.70
High School Graduate	23.72
Some College or College Graduate	66.58
Pre-Pregnancy Insurance (p<.0001)	
Private	63.05
Medicaid	20.88
No Insurance	16.07
WIC Status (p<.0001)	
Yes	29.98
No	70.02
Parity (p<.0001)	
No previous live births	42.08
1 previous live birth	32.63
2 or more previous live births	25.29
Birth Control Use During Conception (p<.0001)	
Used birth control	36.77
Did not use birth control	63.23
Pregnancy Intention (p<.0001)	
Intended	76.83
Unintended	23.17

Unintended Pregnancy Population

One thousand and ninety-six (1,096) participants reported their pregnancy as "unintended." Most of them were Hispanic (42.91%), followed by NH White (28.09%), NH Black (21.33%), and NH Asian (7.67%) (Figure 3). In terms of age, most of the survey participants in this sub-study population were between 25-34 years old (56.92%); 6.26% were less than 20 years old (Table 2). In this sub-study group, more than half of the participants had at least some college education (56.18%) (Table 2). Over 26 percent (26.46%) used Medicaid as their insurance provider pre-pregnancy; 23.58% had no insurance at that time (Table 2). About 40% of the survey respondents used WIC services during their pregnancy (Table 2). More than 38.78% of the population had no previous live births (Table 2). Within the population of those who had an unintended pregnancy, 46.14% used birth control during conception, and 53.86% did not (Table 2).

Table 2. "Unintended Pregnancy" Population Characteristics (N=1,096), NJ PRAMS 2018-2022	
Indicator	Weighted Percentage
Maternal Age (in Years) (p<.0001)	
Less than 20	6.26
20-24	17.34
25-34	56.92
35+	19.47
Educational Attainment (p<.0001)	
Less Than High School	11.94
High School Graduate	31.88
Some College or College Graduate	56.18
Pre-Pregnancy Insurance (p<.0001)	
Private	49.96
Medicaid	26.46
No Insurance	23.58
WIC Status (p<.0001)	
Yes	40.32
No	59.68
Parity (p=0.0021)	
No previous live births	38.78
1 previous live birth	30.60
2 or more previous live births	30.61
Birth Control Use During Conception (p=0.0252)	
Used birth control	46.14
Did not use birth control	53.86

UP + Birth Control Population

Of the survey participants who had an unintended pregnancy, 442 were on birth control during conception (Table 3). Most of the population was Hispanic (53.24%), while NH Asians made up the smallest amount of the group (6.15%) (Figure 3). Twenty-two percent (22.36%) of the population was NH White, and 18.24% was NH Black (Figure 3). Survey respondents between the ages of 25-34 years were the largest age group (56.68%); just above 6% of the population were under 20 years old (Table 3). More than half (56.15%) had some college education or were college graduates (Table 3). More respondents had no insurance before pregnancy than those who were on Medicaid at that time (29.12% versus 21.52%, respectively) (Table 3). Just under 40% of the participants were on WIC during their pregnancy (Table 3). Most survey respondents had no previous live births (36.15%) or 2+ previous live births (35.31%) (Table 3).

Table 3. Population Characteristics for those with an UP and who were onBirth Controlduring conception (N=442), NJ PRAMS 2018-2022	
Indicator	Weighted Percentage
Maternal Age (in Years) (p<.0001)	
Less than 20	6.03
20-24	19.21
25-34	56.68
35+	18.09
Educational Attainment (p<.0001)	
Less Than High School	12.37
High School Graduate	31.48
Some College or College Graduate	56.15
Pre-Pregnancy Insurance (p<.0001)	
Private	49.36
Medicaid	21.52
No Insurance	29.12
WIC Status (p<.0001)	
Yes	39.99
No	60.01
Parity (p=0.1334)	
No previous live births	36.15
1 previous live birth	28.54
2 or more previous live births	35.31

UP + No Birth Control Population

Of the survey respondents who had an unintended pregnancy, 533 did not use birth control during conception (Table 4). Most of the population was Hispanic (35.72%) or NH White (31.66%) (Figure 3). NH Black persons comprised 26.18% of the population and 6.44% self-identified as NH Asian (Figure 3). Over half of the population was between 25 and 34 years old (54.91%), followed by survey respondents who were 35+ years old (21.30%), 20-24-year-olds (17.73%), and those under 20 years (6.06%) (Table 4). Most participants had at least some college education (51.74%). About 32% were on Medicaid pre-pregnancy, while around 20% had no insurance at that time (Table 4). Participants who used WIC services during their pregnancy accounted for 44.25% of this sub-population. Thrirty seven percent (37.71%) of the survey respondents had no previous live births (Table 4).

Table 4. Population Characteristics for those with an UP and who were NOT on Birth Control during conception (N=533), NJ PRAMS 2018-2022	
Indicator	Weighted Percentage
Maternal Age (in Years) (p<.0001)	
Less than 20	6.06
20-24	17.73
25-34	54.91
35+	21.30
Educational Attainment (p<.0001)	
Less Than High School	12.02
High School Graduate	36.25
Some College or College Graduate	51.74
Pre-Pregnancy Insurance (p<.0001)	
Private	48.01
Medicaid	31.85
No Insurance	20.13
WIC Status (p=0.0105)	
Yes	44.25
No	55.75
Parity (p=0.1210)	
No previous live births	37.71
1 previous live birth	32.49
2 or more previous live births	29.80

 Unintended Pregnancy Within Select Demographics

Approximately 42% of NH Black persons had an unintended pregnancy (Table 5). Among NH Black respondents who had an UP, 63% were not on birth control at conception (Figure 4). One-third of Hispanic participants reported their pregnancy as unintended (Table 5). Over half of Hispanic respondents who had an UP were using birth control at conception (Figure 4). Respondents who were less than 20 years old (UP = 63.92%) and those who were 20-24 years old (UP = 40.93%) had unintended pregnancy rates at least double that of those in other age groups (Table 5). Compared to all other age groups, 20-24-year-olds had the highest proportion of its UP population who were on birth control at conception (Figure 5). About 38% of high school graduates had an unintended pregnancy (Table 5). Nearly 60% of high school graduates with an UP were not on birth control at conception (Figure 6). When assessing pregnancy intention by pre-pregnancy insurance, those who used Medicaid had the highest rate of unintended pregnancy at 37.90% (Table 5). The majority of respondents who used Medicaid pre-pregnancy and had an UP were not on birth control during conception (Figure 7).

Figure 4: Birth Control (BC) Use Among Participants with an Unintended Pregnancy (UP) By Race/Ethnicity, NJ PRAMS 2018-2022
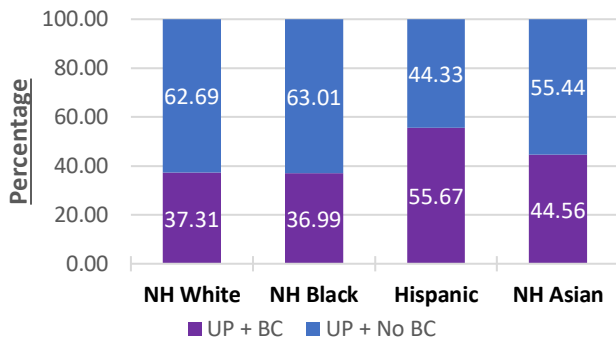
Race/Ethnicity	UP + BC	UP + No BC
NH White	37.31	62.69
NH Black	36.99	63.01
Hispanic	55.67	44.33
NH Asian	44.56	55.44

Figure 5: Birth Control (BC) Use Among Participants with an Unintended Pregnancy (UP) By Age, NJ PRAMS 2018-2022

Age	UP + BC	UP + No BC
Less Than 20*	45.99	54.01
20-24	48.14	51.86
25-34	46.92	53.08
35+	42.11	57.89

*Results not significant (p=0.1209).

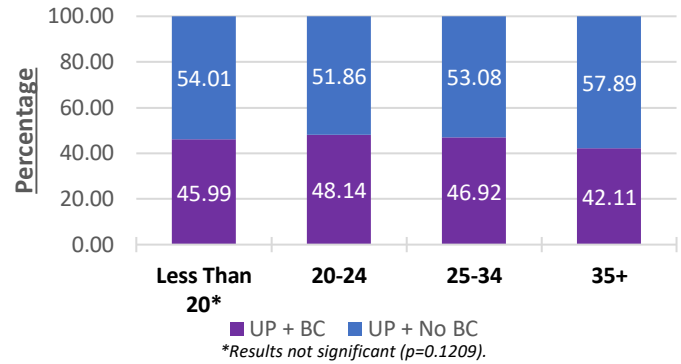### Figure 6: Birth Control (BC) Use Among Participants with an Unintended Pregnancy (UP) By Educational Attainment, NJ PRAMS 2018-2022

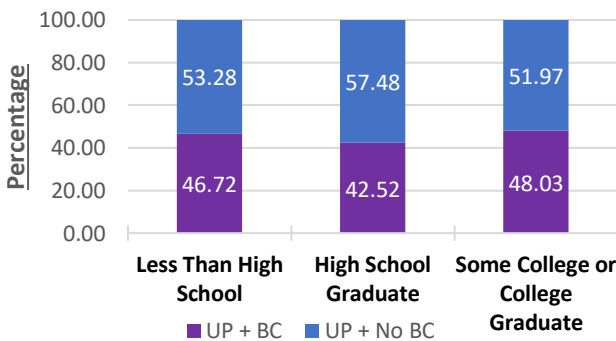| Educational Attainment	UP + BC	UP + No BC
Less Than High School	46.72	53.28
High School Graduate	42.52	57.48
Some College or College Graduate	48.03	51.97

Figure 7: Birth Control (BC) Use Among Participants with an Unintended Pregnancy (UP) By Pre-Pregnancy Insurance, NJ PRAMS 2018-2022

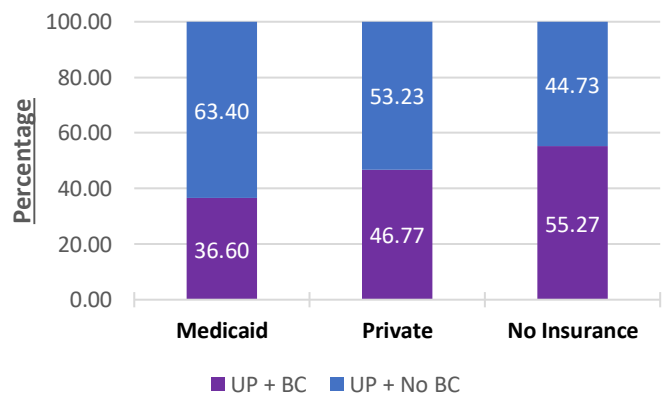| Pre-Pregnancy Insurance	UP + BC	UP + No BC
Medicaid	36.60	63.40
Private	46.77	53.23
No Insurance	55.27	44.73

Table 5. Pregnancy Intention Within Select Demographics, NJ PRAMS 2018-2022		Weighted Percentage
Maternal Race/Ethnicity (p<.0001)		
White, NH		
	Intended	84.54
	Unintended	15.46
Black, NH		
	Intended	57.61
	Unintended	42.39

Hispanic		
	Intended	66.57
	Unintended	33.43
Asian, NH		
	Intended	83.99
	Unintended	16.01
Maternal Age (in Years) (p<.0001)		
Less than 20		
	Intended	36.08
	Unintended	63.92
20-24		
	Intended	59.07
	Unintended	40.93
25-34		
	Intended	75.68
	Unintended	24.32
35+		
	Intended	81.81
	Unintended	18.19
Educational Attainment (p<.0001)		
Less Than High School		
	Intended	68.57
	Unintended	31.43
High School Graduate		
	Intended	62.38
	Unintended	37.62
Some College or College Graduate		
	Intended	79.69
	Unintended	20.31
Pre-Pregnancy Insurance (p<.0001)		
Private		
	Intended	81.19
	Unintended	18.81
Medicaid		
	Intended	62.10
	Unintended	37.90
No Insurance		
	Intended	64.55
	Unintended	35.45

Agenda for Action

Contraceptives are an effective tool in preventing unintended pregnancy, but they are not foolproof. For instance, the birth control pill's effectiveness may decrease if it is not taken every day or if it is taken with other medications that may interact with it.[14] Cultural feelings towards pregnancy may also contribute to unintended pregnancy. Black race and Hispanic ethnicity have been associated with more positive attitudes toward early motherhood.[15] Published literature reports that ambivalence regarding pregnancy among those who self-identified as White, Black, and Hispanic is 20%, 39%, and 44%, respectively.[15] These feelings may make NH Black or Hispanic persons less strict in adhering to their birth control regimen. These findings in the literature and the statistics presented in this brief warrant the need to implement culturally sensitive family planning services. Clinical and community-based family planning efforts are necessary to ensure that birth control education and uptake is effective among birthing people who are more susceptible to UP: NH Black persons, Hispanic persons, those less than 25 years old, those whose highest level of education attained is high school, and persons on Medicaid or with no insurance.

 Reproductive Rights in New Jersey

The Freedom of Reproductive Choice Act (PL 2021, c. 375), signed into law in January 2022, specifically recognized the existing state constitutional protections and codified reproductive rights into State law.[16] Governor Murphy and the Legislature are committed to dismantling barriers to reproductive freedom. They have allocated $7.5 million in funding to expand family planning services. As a result, additional women have received cervical cancer screening, sexually transmitted infections (STI) services, and contraceptive care. As of May 2024, the Freedom of Reproductive Choice Act has been expanded to allow pharmacists to provide hormonal contraceptives without requiring a prescription.[17] This further ensures that more people are able to access necessary reproductive care, regardless of medical coverage.

 New Jersey Family Planning League

The New Jersey Family Planning League (NJFPL, or "the League") is a direct grantee for Title X, the NJ state family planning appropriation, and other federal funding that supports access to sexual and reproductive health care in NJ. Civil servants within the New Jersey Department of Health oversee the funds that NJFPL receives to operate. For more than 47 years, NJFPL has managed state family planning, STI, and federal Title X funding for a network of direct service providers offering critical primary and preventative sexual and reproductive health services. Family planning providers in NJ provide a full range of reproductive health and family planning services, including contraceptive counseling and provision, education, testing, and treatment for sexually transmitted infections. This menu of services is accessible to all, regardless of income, insurance coverage, identity, or immigration status, in all 21 counties. In 2023, over 123,000 individuals (male and female) benefitted from the services provided by NJFPL.

Connecting NJ is a county-based referral platform that provides an array of public health services to all (mothers, fathers, grandparents) for free or at an affordable price. Through services provided by the agencies and partners within the Connecting NJ platform, NJ residents can access a spectrum of locally based wellness services depending on where they reside. These services include, but are not limited to, health care for mothers and children, early education programs, domestic violence support, addiction treatment, financial assistance, home visiting programs, behavioral health services, and more.

Strengths & Limitations

The NJ PRAMS sample is representative of the population. This weighted analysis can be applied to all survey respondents who delivered a live birth in NJ during 2018-2022. PRAMS was designed to supplement the vital records data by providing state-specific data on maternal behaviors and experiences to be used for planning and assessing perinatal health programs. Since PRAMS utilizes a standardized methodological approach, it eases data comparison across states. Moreover, the NJ PRAMS data is weighted to provide a sample that is a representative estimate of proportions in specific categories and of actual persons. However, despite the robust methodological approach, PRAMS data is subject to limitations. The PRAMS survey data is subject to common survey biases: recall bias, non-response bias, and social desirability bias.

Note on Language and Grammar

In alignment with the Nurture NJ Maternal and Infant Health Strategic Plan and other recent publications, this document uses language conventions that are intended to be universal and inclusive. We use the phrases and terms "maternal health," "mother," "woman," "she" and "her" to refer to a person who recently gave birth. We recognize that not all birthing people identify as women; these terms are meant to include cisgender females, non-binary individuals, and transgender men. The terms "survey respondents" and "mothers" are used interchangeably.

In keeping with APA guidance, all racial and ethnic groups are capitalized as they are considered proper nouns.

Resources

Contact NJ PRAMS: mchepi@doh.nj.gov
Website: nj.gov/health/fhs/maternalchild/mchepi/prams
Reproductive Health Information Hub: Know Your Reproductive Rights (nj.gov)
New Jersey Family Planning League: New Jersey Family Planning League - We're Here for You (njfpl.org)
Connecting NJ: Connecting NJ

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