

# **Intent of Pregnancy: Findings from the Indiana Access Project**

**Best Intentions: Unplanned Pregnancies  
& the Well-Being of Indiana Families**

**Sept. 12, 2007**





# Indiana Access Overview

- **National Research Project Known as Friendly Access**
- **One of Four Cities**
- **Initial funding - CDC and HRSA**
- **Current funding - ISDH, H&HC, Others**

# **“Framing” Indiana Access**

- **Modeled after the Disney Institute of Customer Service**
- **Community based – action research**
- **Consumer voices**
- **Primary Goal: Changing the culture in which MCH services are delivered**



# Indiana Access Program Components

- Surveys of postpartum women
- Focus groups of pregnant and parenting women
- Community perspectives regarding unplanned pregnancies
- Organizational cultural change – facilitative training



# **Research Objective**

**Examine the association between  
intent of pregnancy and:**

- 1. Selected prenatal behaviors**
- 2. Satisfaction with prenatal care**

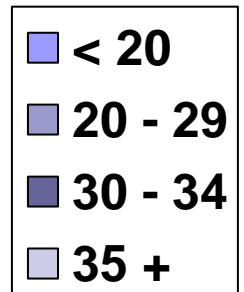
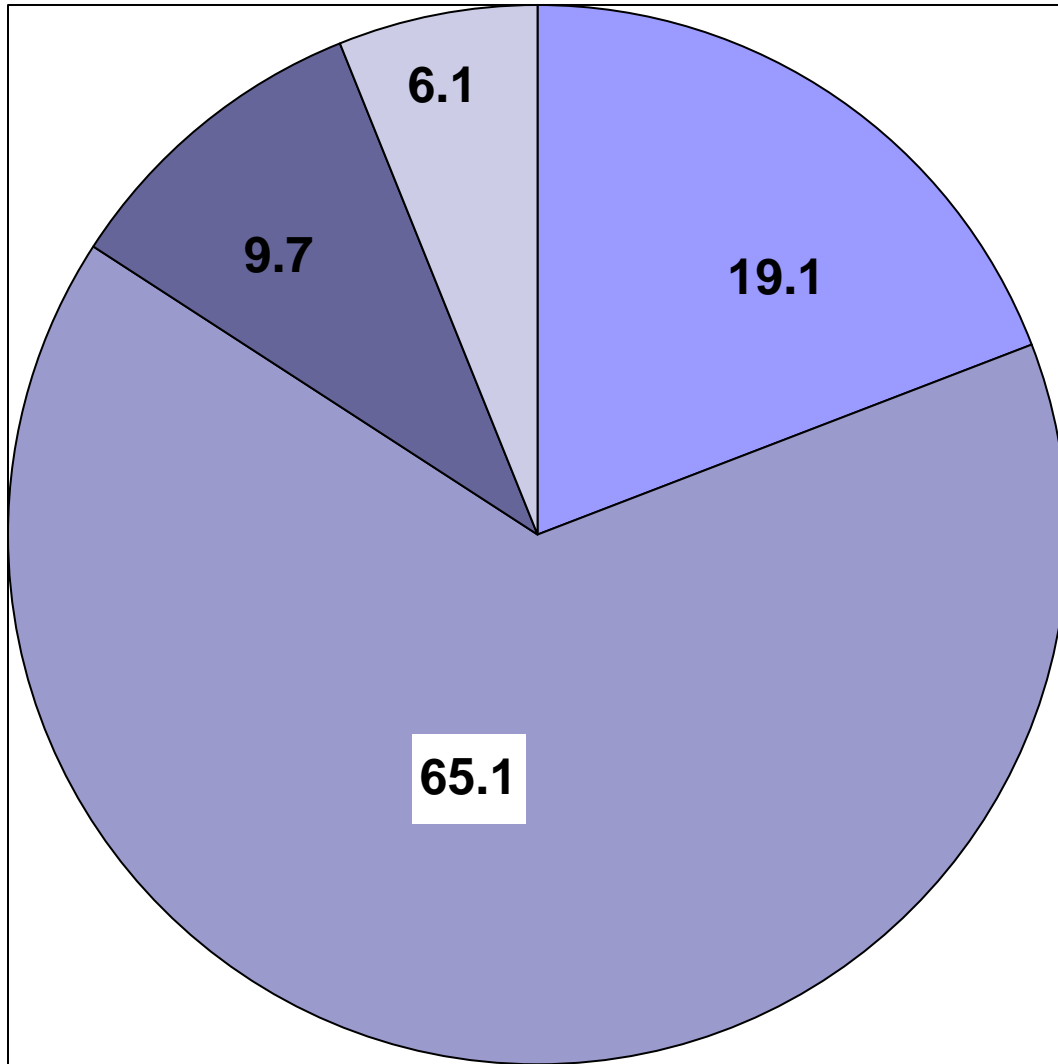
# Methodology

- **525 Face to face interviews with women during postpartum hospitalization at Methodist and Wishard Hospitals**
- **162 item survey**
- **Medicaid, Wishard Advantage or Self Pay**
- **July 2003 – Feb. 2004**
- **Linked to Birth Certificate N = 494**

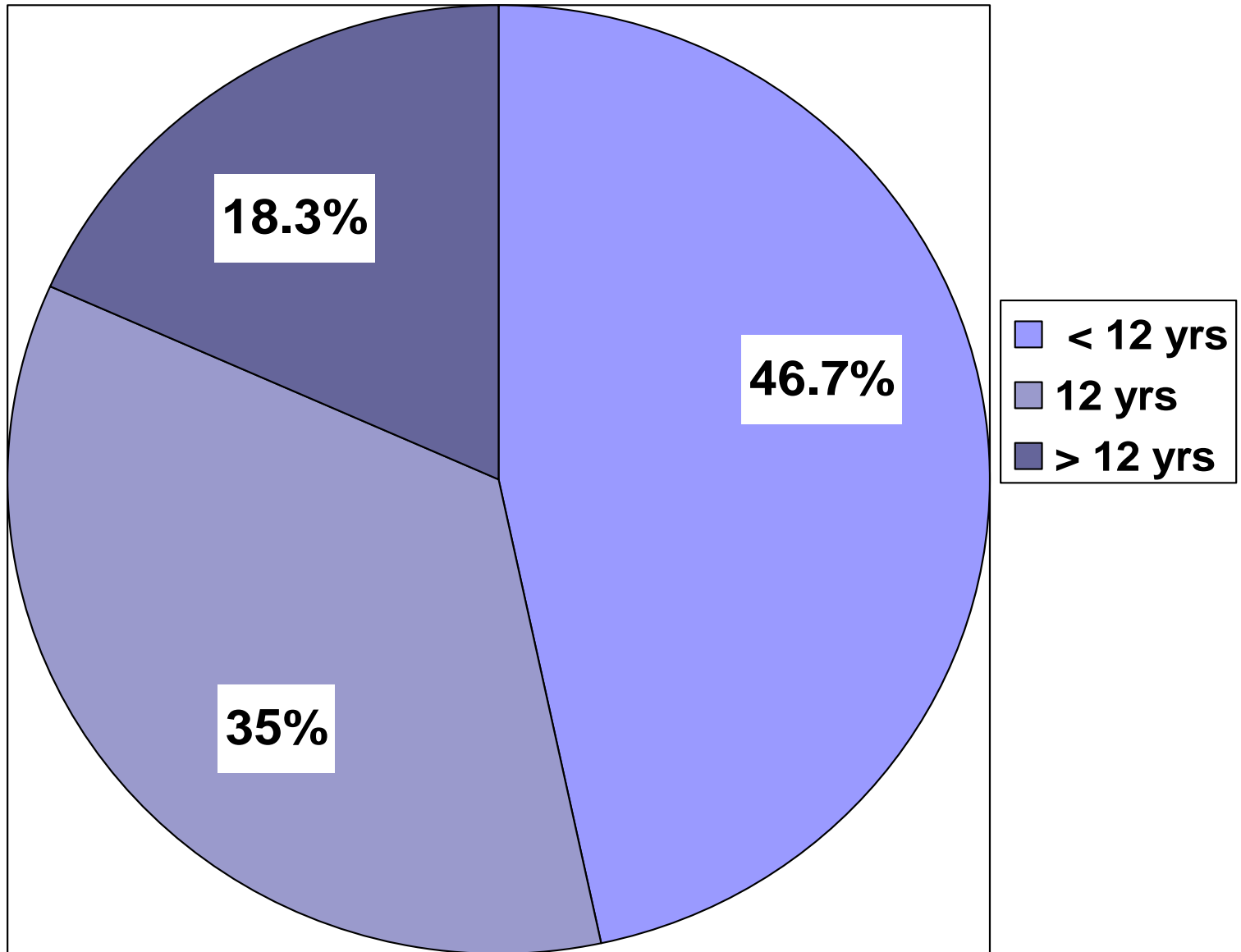
# Demographics

- **80 % Medicaid**
- **51% African American**
- **47% Caucasian**
- **8.5% Hispanic**
- **77% Not married**
- **72% Unemployed**

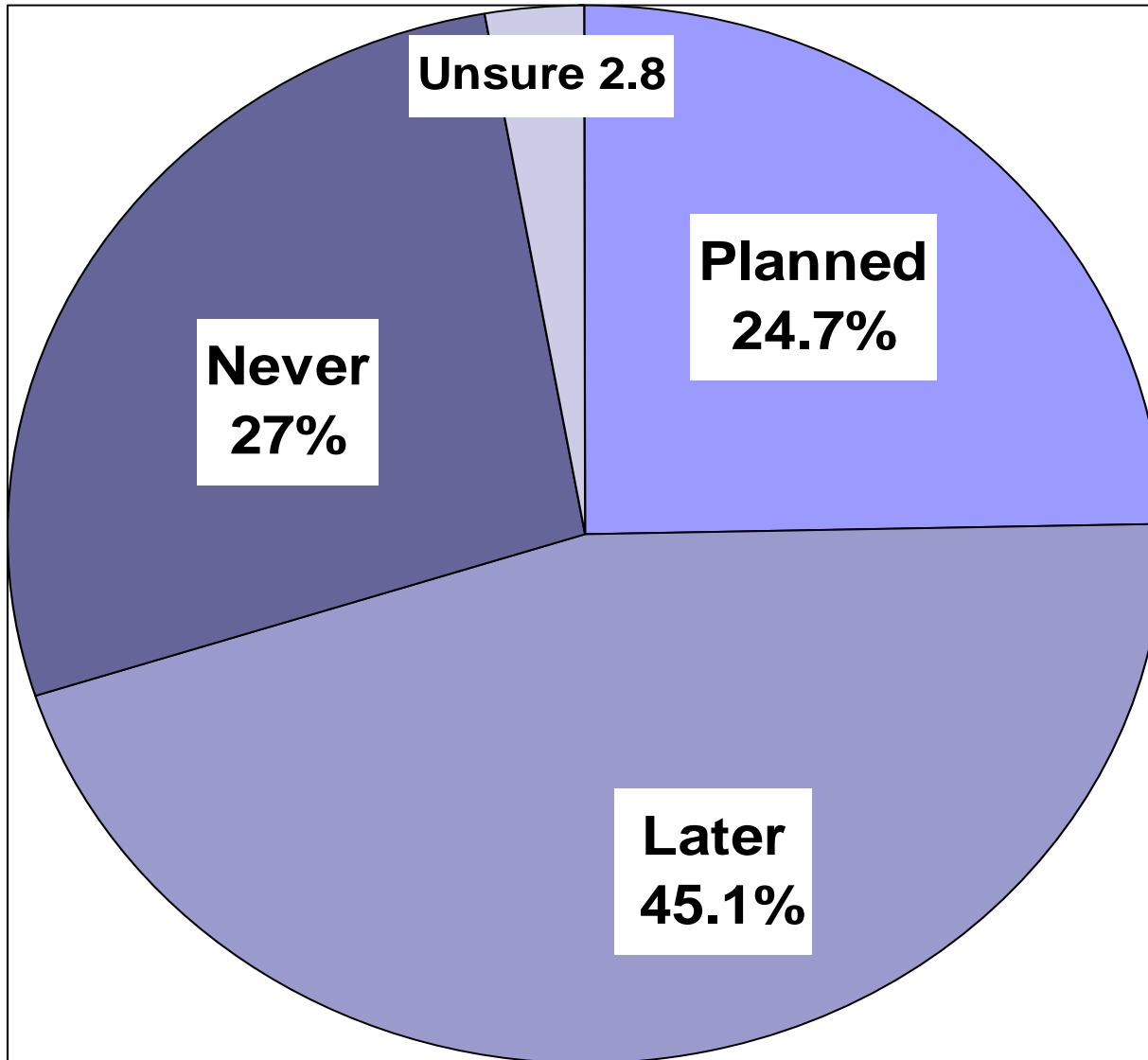
# Age



# Education



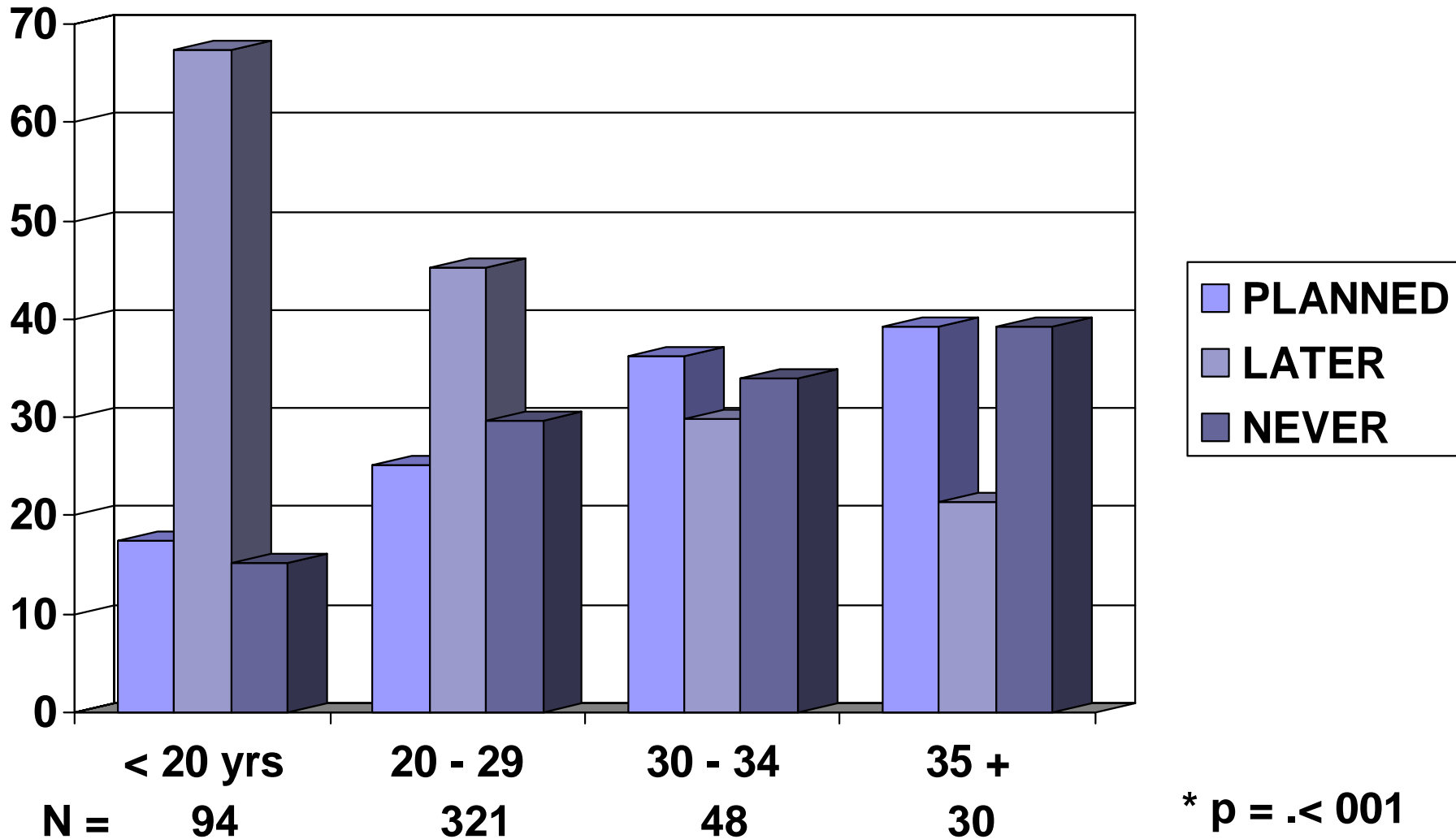
# Intent of Pregnancy





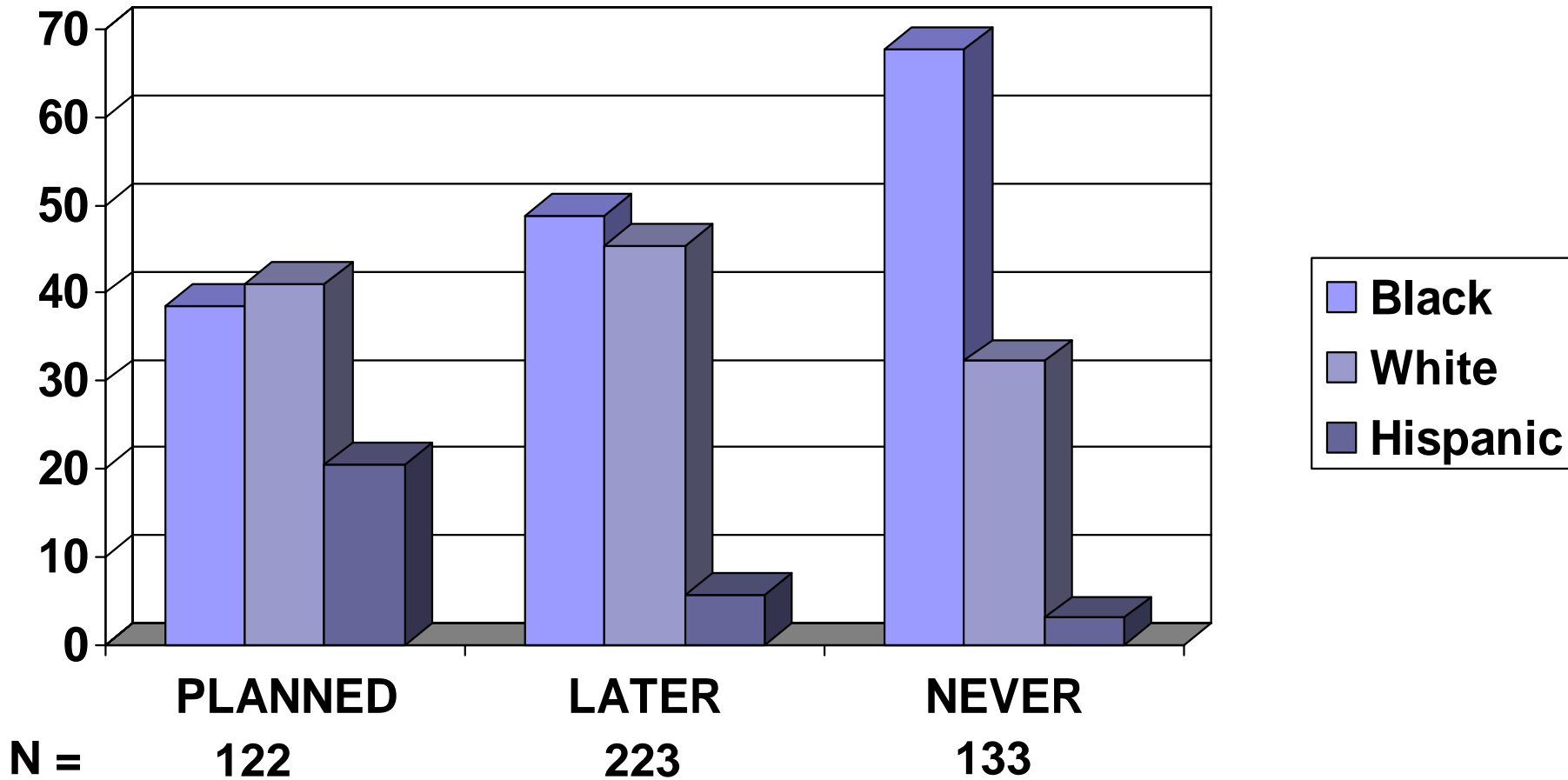
# Findings

# Age Of Mother by Intent \*



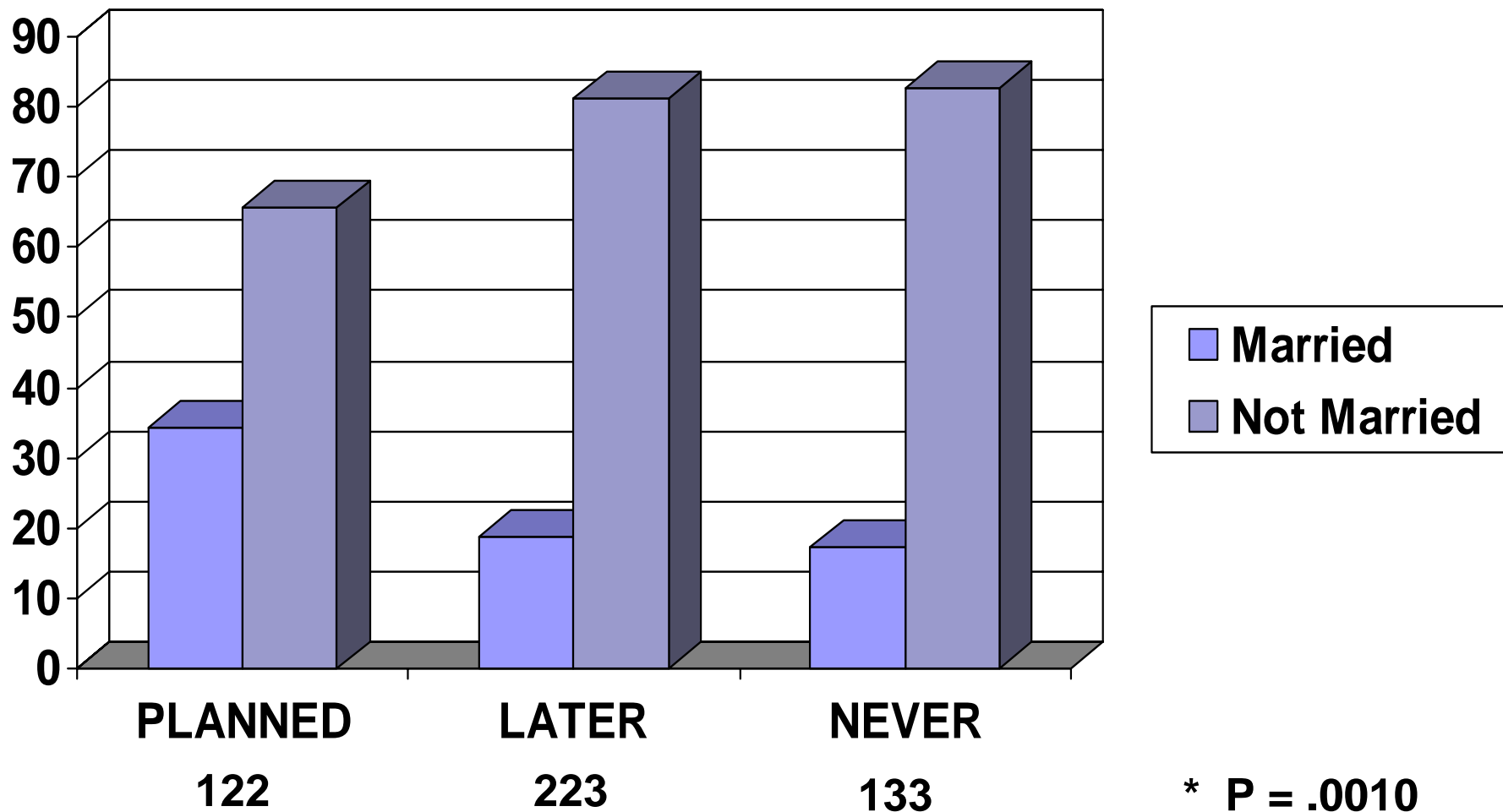
\* p = .< 001

# Intent by Race / Ethnicity \*

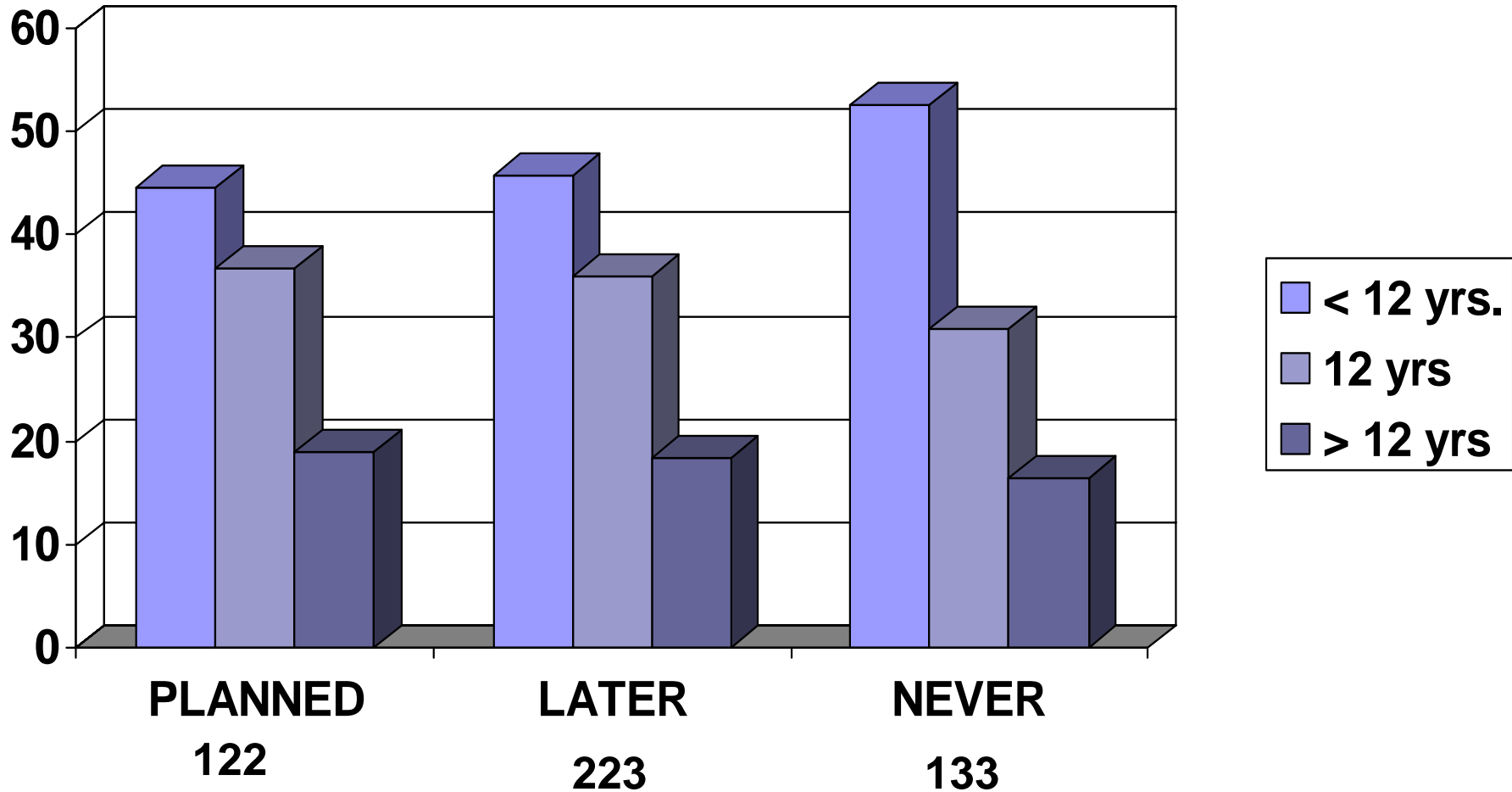


\*  $p = < .001$

# Intent by Marital Status \*



# Intent by Education

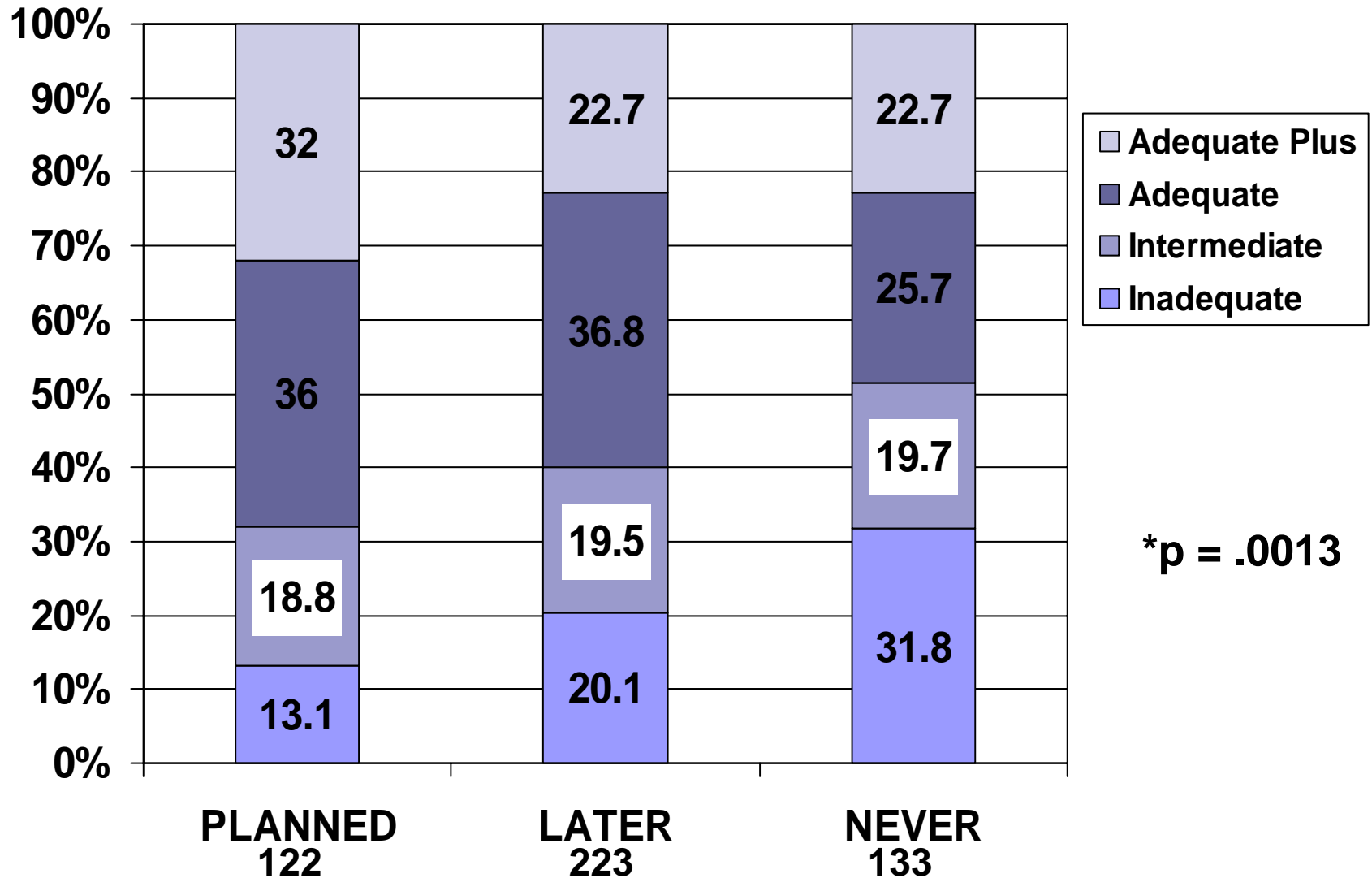


# Maternal Behaviors

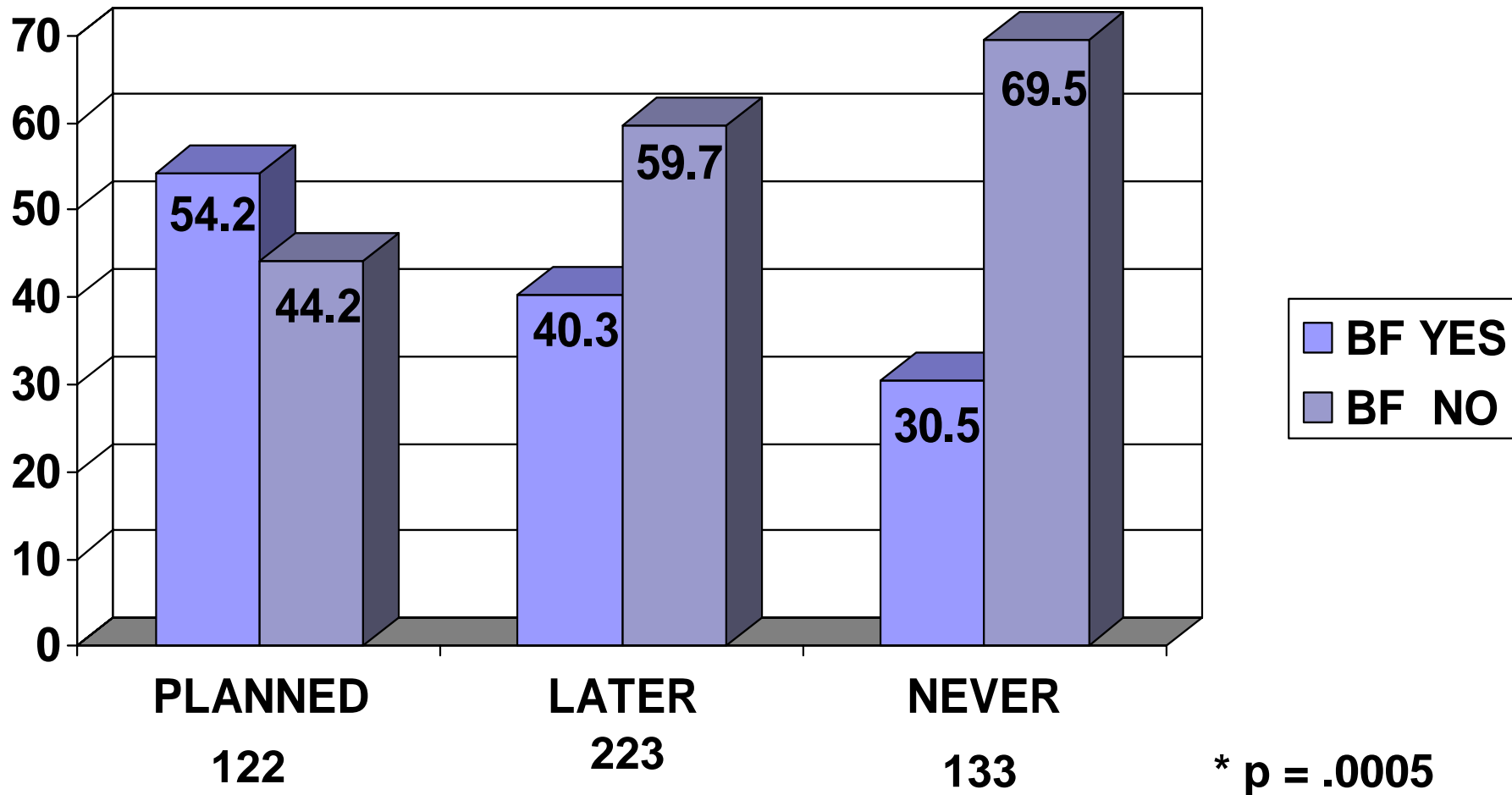
■ Inadequate PNC	22.1%
■ Breastfeeding	41.3%
■ Utilized WIC	73.6%
■ Smoking	32.6%

*Based on birth certificate data*

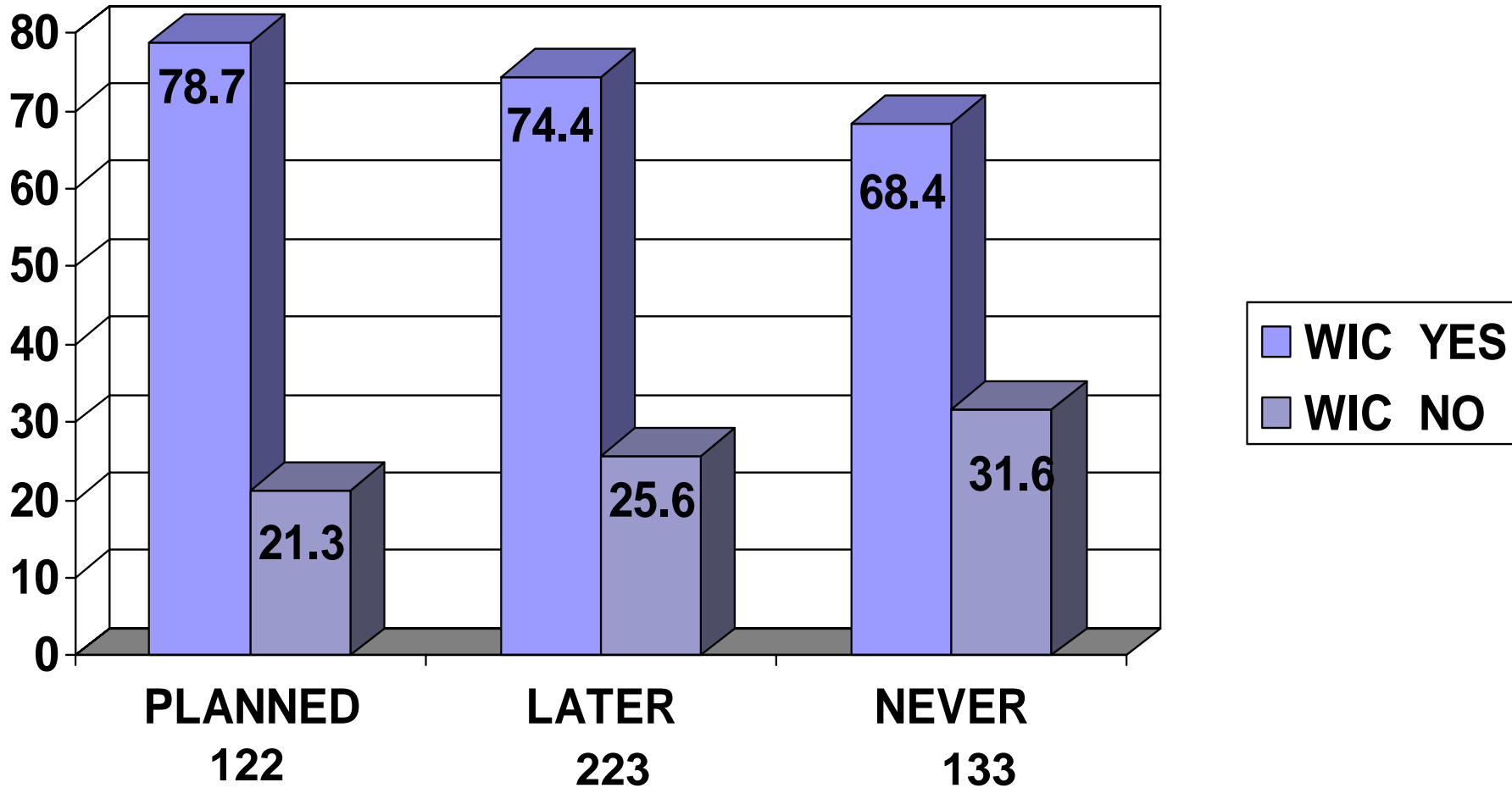
# Intent by Adequacy of PNC \*



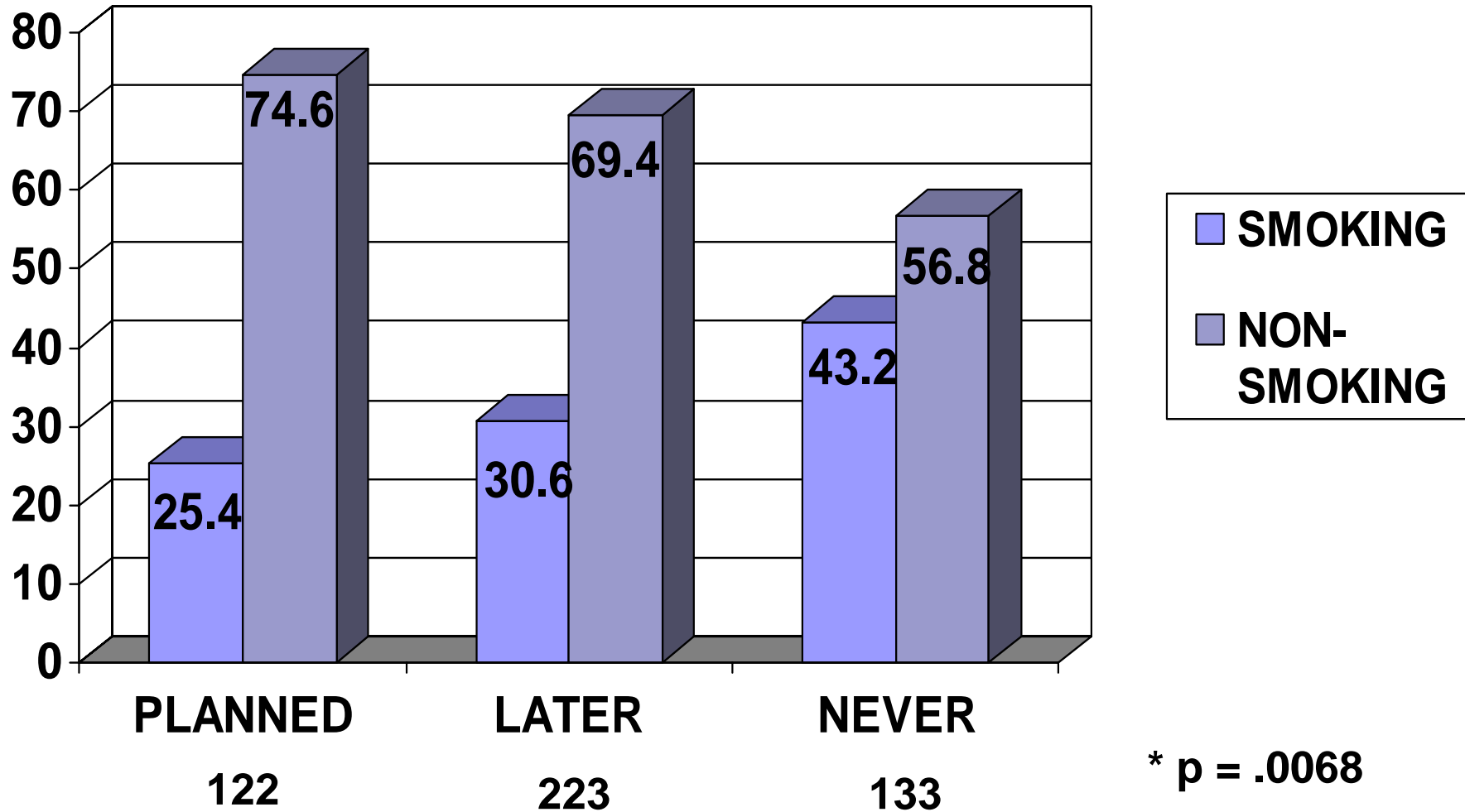
# Intent by Breastfeeding \*



# Intent by WIC Participation



# Intent by Smoking Status \*



# Odds Ratio - Unadjusted Analysis

compared to women with planned pregnancies

	<b>LATER</b>	<b>NEVER</b>
<b>Breastfeeding</b>	<b>0.56 *</b> p = .012	<b>0.36 *</b> p = <.001
<b>Utilized WIC</b>	<b>0.78</b>	<b>0.58</b>
<b>Smoking during pregnancy</b>	<b>1.29</b>	<b>2.23 *</b> p = .003
<b>Inadequate PNC</b>	<b>1.75</b>	<b>3.09 *</b> p = <.001

# Odds Ratio - Adjusted Analysis

age, race, ethnicity, education, marital status, parity & co-morbidity

	<b>LATER</b>	<b>NEVER</b>
<b>Breastfeeding</b>	<b>0.83</b>	<b>0.64</b>
<b>Utilized WIC</b>	<b>0.80</b>	<b>0.48 *</b> p = .027
<b>Smoking</b>	<b>1.15</b>	<b>1.86</b>
<b>Inadequate PNC</b>	<b>1.87</b>	<b>2.58 *</b> p = .009



# **Patient Satisfaction**

## **14 Questions**

- 1. Overall rating of prenatal provider**
- 2. Overall rating of prenatal care**
- 3. Would have changed provider**
- 4. Would recommend provider**
- 5. Care received better than expected**

# Patient Satisfaction

## 14 Questions - cont.

**Mother satisfied with:**

- 6. Respect by receptionists / staff**
- 7. Length of time with provider**
- 8. How provider made her feel**
- 9. Thoroughness of checkups**
- 10. Number of providers to see women**

# Patient Satisfaction

## 14 Questions - cont.

**Mother satisfied with:**

- 11. How well procedures explained**
- 12. Respect provider showed her**
- 13. Concern provider showed her**
- 14. Advice received on how to care for herself and unborn baby**

# Results

## Statistically Significant - Unadjusted

Planned vs. Never

1. Overall rating of prenatal care
2. Care received better than expected
3. Respect shown by provider
4. Concern showed by provider
5. Number of providers to see women

# Results

## Statistically Significant - Adjusted

### Planned vs. Never

#### 1. Care received better than expected

OR .51 p = .022

#### 2. Number of providers to see women

OR .48 p = .039

**Consistent pattern – planned vs. never**

# Limitations

- **Relatively small sample size – limit statistical significance**
- **Socially high risk group – can't generalize to other populations**
- **How / when intent was measured**
- **Limitations with survey and birth certificate data**

# Conclusions

- **Extremely high rate of unplanned pregnancies in this socially at risk group**
- **Intent of pregnancy does appear to be associated with important prenatal behaviors**
- **Intent of pregnancy may also help explain lower patient satisfaction ratings**



# Conclusions – Cont.

- **Need to look beyond broad category of “unintended pregnancies”**
- **Most significant differences appear to be between planned and never vs. planned and later**
- **Consistent with recent qualitative study**

# Provider Recommendations

- **Assess a woman's intent and feelings about her pregnancy at the outset**
- **Incorporate intent of pregnancy into counseling efforts regarding smoking, breastfeeding, WIC utilization and keeping scheduled prenatal visits**
- **Pay particular attention to women who are highly ambivalent - i.e. "never"**
- **Assume a "Learners Stance"**




# **Future Study - Next Steps**

- **Beginning to explore the association between intent of pregnancy and subsequent reproductive behaviors and possibly health status of children**
- **Community conversations**
- **Part of National Campaign to expand focus to young adults**

# For More Information:

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***All this will not be finished in the first 100 days. Nor will it be finished in the first 1,000 days, not in the life of this Administration, nor even perhaps in our lifetime on this planet. But let us at least begin!***

*John F Kennedy 1961*