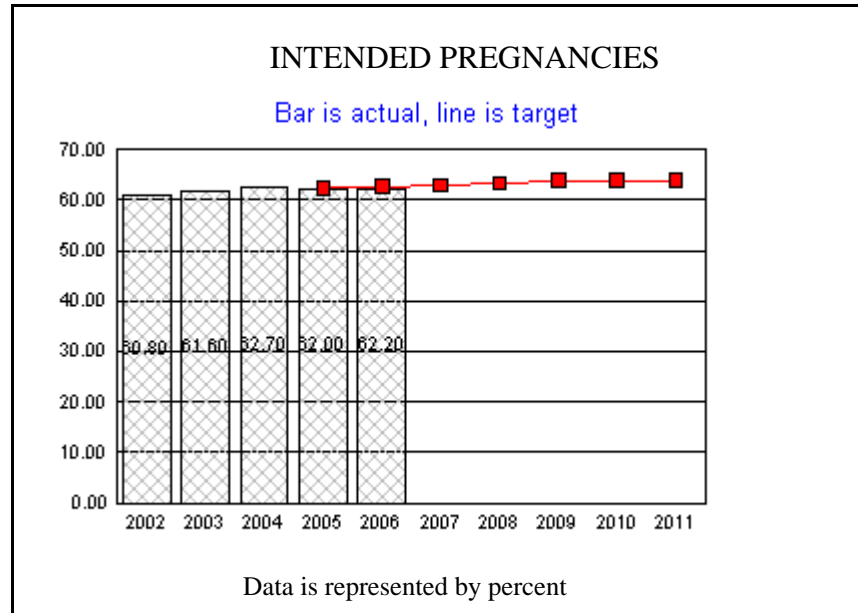


KPM #17	INTENDED PREGNANCY – The percentage of births where mothers report that the pregnancy was intended.	2006
Goal	People are healthy.	
Oregon Context	Teen pregnancy	
Data Source	Public Health Division, Office of Family Health, Pregnancy Risk Assessment Monitoring System (PRAMS) survey	
Owner	Public Health Division, Office of Family Health, Reproductive Health Program, Lisa Angus (971) 673-0358	



1. OUR STRATEGY

Through a network of approximately 160 county health department clinics, private providers, and other local agencies, the state Reproductive Health program provides contraceptive services and supplies to enable all individuals to plan and space their pregnancies as desired.

2. ABOUT THE TARGETS

Modest targets have been set based on national trends in unintended pregnancy and teen pregnancy (see note above), limited program budget, and the complex nature of pregnancy intent.

3. HOW WE ARE DOING

The trend over the last five years indicates that intended pregnancies are increasing, as desired. Estimates fluctuate a little from year to year but always within the margin of error for this survey-based measure.

4. HOW WE COMPARE

The Healthy People 2010 Objective related to intended pregnancy (Objective 9-1) sets an ambitious goal of increasing the national proportion of pregnancies that are intended to 70%. Oregon currently falls short of this goal, as do most other states.

5. FACTORS AFFECTING RESULTS

Federal decisions about funding allocation and program eligibility have a substantial influence on the reach of public family planning programs and those programs' success in promoting intended pregnancy. Title X—the federal grant program devoted to family planning and reproductive health care—has been flat-funded for several years, which translates to a decrease in funding when adjusted for inflation and the rising cost of providing medical care. Oregon's Medicaid family planning waiver, FPEP, experienced almost a 30% decline in visits when federal citizenship documentation requirements were implemented in 2006. Finally, because pregnancy intent is influenced by an often complex mix of feelings about pregnancy, childbearing, intimate relationships and other issues, there is a limit to what state-level programs can do to increase the proportion of pregnancies that are intended. Comprehensive access to high-quality family planning services should be considered a necessary, but not sufficient, step toward achieving significant increases in intended pregnancy.

6. WHAT NEEDS TO BE DONE

Current family planning activities should continue and every effort should be made to expand or at least maintain current levels of access to free or low-cost contraceptive services for low-income individuals.

7. ABOUT THE DATA

The reporting cycle for these data is the calendar year. The foremost strength of the data is that they directly reflect women's own reports of pregnancy intent; the population-based design and high response rate of the PRAMS survey are also strengths. The primary limitation of the data is that the complexity women's feelings about pregnancy and childbearing can make pregnancy intent difficult to measure accurately. There is also a considerable time lag in data availability because file processing takes place at the Centers for Disease Control and Prevention.