Unintended pregnancy is a world-wide issue; a much lower proportion of pregnancies in Black women are intended, compared to pregnancies in women of other races/ethnicities.

The CDC defines unintended pregnancy as a pregnancy that "is either unwanted, such as the pregnancy occurred when no or no more children were desired. OR the pregnancy is mistimed, such as the pregnancy occurred earlier than desired".¹

In Kansas, a significantly lower proportion of non-Hispanic Black women who gave birth in 2017-2018 reported having an intended/planned pregnancy compared to women in any other ethnic/racial group. A significantly higher proportion of non-Hispanic Black women also reported that they had been unsure of whether they wanted the pregnancy just before they became pregnant.²

% of women in Kansas who had an intended pregnancy

- Black: 35.7%
- Other Races: 54.7%
- Hispanic: 56.8%
- White: 63.3%

% of women in Kansas who were unsure of whether they wanted the pregnancy

- Black: 30.8%
- Other Races: 16.5%
- Hispanic: 13.7%
- White: 12.9%

**CLOSING THE GAP IN UNINTENDED PREGNANCIES**

- To help Black women prevent or achieve pregnancy, it is essential to **understand their pregnancy intentions** or **reproductive life plan**. A reproductive life plan includes personal goals about a women’s choice to have children or not and the desired timing and spacing of children. **Screening for pregnancy intention during every clinical visit is critical.**

- **Support public policy** to increase access to publicly funded family planning services such as **Title X services** and **Family Planning Medicaid Waivers**.

- **Take steps to understand the attitudes and norms** surrounding contraception in Black women as well as the **history of discrimination** such as forced sterilizations and reproductive injustices that contribute to these attitudes and norms.

- **Offer culturally appropriate education** on the **effectiveness of different types of contraceptive methods**, making sure patient choice is top priority; provide education, not coercion.

- **Educate and train providers** to address **racism** and build a more **diverse health care workforce**. Educate and train providers on **explicit and implicit bias** in order to provide family planning education, not coercion.

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