This research focuses on three determinants of unintended pregnancies: access to care (as measured by OBGYN Physicians per capita and ACA Medicaid expansion), and education.

A literature review showed that age, marital status, post-high school education, race, area, and access to highly effective contraceptive methods are all determinants of unintended pregnancies.

The map below shows that the Northeast and South all had the highest rate of unintended pregnancies. Regionally (as defined by the U.S. Census) there were significant differences in unintended pregnancy rates between the Northeast and South and the South and Midwest (p value of .035 and .002 respectively).

Comparing states that did expand Medicaid (31 and D.C.) to states that did not (19), there was not a significant difference in unintended pregnancies (p value of .672).

OBGYN Physicians were most concentrated in the Northeast and were least concentrated in the Midwest and South. D.C. had the highest rate of OBGYN Physicians at 11.95 per 10,000 women of reproductive age, while Iowa had the lowest: 4.18. The U.S. average was 6.09. The correlation coefficient with unintended pregnancies was .058.

D.C. had the highest rate of post-high school educated people: 44% while West Virginia had the lowest: 28%. States surrounding the Mississippi also had low rates of post-high school education. The correlation coefficient with unintended pregnancies was .033.

The table above shows the states with the highest and lowest rates of unintended pregnancy along with the U.S. average.


*The data used in the comparison is from 2010, before the ACA expanded in the states that adopted expansion. Future research should be done to see if there is any difference once data is available.