Original research article

Predictors of timing of pregnancy discovery
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Abstract

Objective: Earlier pregnancy discovery is important in the context of prenatal and abortion care. We evaluated characteristics associated with later pregnancy discovery among women seeking abortion care.

Study design: Data come from a survey of women seeking abortion care at four family planning facilities in Utah. The participants completed a survey during the state-mandated abortion information visit they are required to complete prior to having an abortion. The outcome in this study was pregnancy discovery before versus after 6 weeks since respondents’ last menstrual period (LMP). We used logistic regression to estimate the relationship between sociodemographic and health-related independent variables of interest and pregnancy discovery before versus after 6 weeks.

Results: Among the 458 women in the sample, 28% discovered their pregnancy later than 6 weeks since LMP. Most (n=366, 80%) knew the exact date of their LMP and a significant minority estimated it (n=92, 20%). Those who estimated the date of their LMP had higher odds of later pregnancy discovery than those who knew the exact date (adjusted odds ratio (aOR) = 1.81[1.07–3.07]). Those who used illicit drugs weekly, daily, or almost daily had higher odds of later pregnancy discovery (aOR=6.33[2.44, 16.40]).

Conclusion: Women who did not track their menstrual periods and those who frequently used drugs had higher odds of discovering their pregnancies later.

Implications: Women who estimated the date of their LMP and who frequently used drugs may benefit from strategies to help them recognize their pregnancies earlier and link them to care when they discover their pregnancies later.

Keywords: Pregnancy discovery; Pregnancy recognition; Unintended pregnancy; Drug use during pregnancy

1. Introduction

The timing of pregnancy discovery is important in the context of pregnancies carried to term and abortion. In relation to pregnancies carried to term, earlier pregnancy discovery may help facilitate earlier entry to prenatal care and may lead to earlier adoption of health-promoting behaviors [1–3]. In relation to abortion, earlier pregnancy discovery may facilitate women’s ability to obtain an abortion because first-trimester abortions are more accessible and less costly [4–6]. Earlier entry into abortion care allows women to choose whether to have an aspiration or medication abortion, which is available only earlier in pregnancy[7]. Early pregnancy discovery is particularly important for women who may face additional constraints in obtaining abortion care, such as those living in states with mandated waiting periods, gestational limits for abortion, limited availability of second-trimester abortion services, and who live a considerable distance from an abortion provider. Thus, it is important to understand factors that may contribute to later discovery of pregnancy.

While there is no standardized definition of late pregnancy discovery, most women in the United States detect their pregnancies within the first 6 weeks [1,3,8,9]. Many researchers define discovery of pregnancy after 6–8 weeks’ gestation as “late” [1,2,8–11], although they have operationalized it in different ways, such as recognizing or learning about the pregnancy [8–10] or taking a pregnancy test [1,11].

Despite the fact that prior studies operationalized pregnancy discovery slightly differently, previous research shares common findings. One of the strongest predictors of the timing of pregnancy discovery is intendedness. Women
with unwanted or mistimed pregnancies tend to discover them later than women with intended pregnancies [2,3,9,10]. Branum and Ahrens found that women with intended, unwanted, and mistimed pregnancies learned of their pregnancies at 5.1, 6.1, and 6.3 weeks, respectively [9]. The proportions of women who discover their pregnancies early declines according to whether the pregnancy was intended, mistimed, or unwanted [8–10]. Later pregnancy discovery was associated with being younger, unmarried, non-white/Hispanic, of lower educational attainment, and of lower income in several studies which used Pregnancy Risk Assessment Monitoring System data and National Survey of Family Growth data [1–3,8,9]. Associations between the timing of pregnancy discovery and gravidity and/or parity are inconsistent [2,9]. Smoking is also associated with later pregnancy discovery [1,9]. Qualitative findings among women up to 1 year postpartum suggest that in addition to missing a menstrual period, most women needed to experience other symptoms of pregnancy, such as nausea, dizziness, and fatigue before seeking pregnancy testing [12]. Timing of pregnancy discovery was also linked to perceived support from others, with some women reporting that partners or family members prompted testing after noticing symptoms of pregnancy, while others feared rejection or pressure from their social networks and delayed acknowledging their pregnancy [12]. A few studies have examined predictors of the timing of pregnancy discovery among women seeking abortion [11,13–15]. Findings from existing research echo those within the prenatal care context [1–3,8,9,12]. A California-based study comparing delays in seeking abortion care found the greatest difference in delays among first- and second-trimester patients was in the time to pregnancy care found the greatest difference in delays among first- and second-trimester patients was in the time to pregnancy care found the greatest difference in delays among first- and second-trimester patients was in the time to pregnancy.
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