



Breaking the cycle of intergenerational poverty and creating more opportunity in America are among the most important challenges facing us, yet we are not making progress as fast as anyone would like. Despite anecdotal stories of resilience and beating the odds, there is less social mobility than Americans think. We [now lag behind many western European nations in mobility](#). Research [shows](#) that two-thirds of American children born in the lowest two income quintiles stay there. What has happened to the American Dream? And what are the biggest levers we have to rapidly increase educational attainment and economic opportunity?

Accidental pregnancy – a pregnancy that isn't planned – is at the center of these issues. Last year, for example, [of the 6.6 million pregnancies in the US, 3.4 million were accidental or unintended](#). In most states, more than 50% of the pregnancies are accidental, and in low-income communities, two of three pregnancies are accidental. These accidental pregnancies translate into a whole host of poor health outcomes for the children (when women get accidentally pregnant, they don't follow a prenatal regimen, which leads to high rates of preterm births and other poor pregnancy outcomes) as well as negative economic and social outcomes for the parents. In the US today, [the majority of births to women under 30 years old occur outside of marriage](#), and most of these are the result of unintended pregnancies. In 1960, only 5% of births occurred outside of marriage. Rates of teen pregnancy have dropped over the last 25 years (though they remain higher than in any other developed country), but rates of unplanned pregnancy have not dropped – the majority occur in single, adult women in their twenties. As challenging as teen pregnancy is, it is a relatively small percentage of overall unintended pregnancies.

Most unintended pregnancies occur to women who are actually using contraception – these are women who have decided that this is not a good time for them to have a child – but the method of contraception they're using isn't working well for them. The method of choice in the US is the pill, and when women are inconsistent about taking it at the same time every day, it's just not that effective. A recent [article](#) in the New York Times reported that, on average, a woman's chances of getting pregnant over ten years while on the pill is an extraordinary 61%.

But there are new, modern methods of contraception – the new IUDs and the implant – that are [twenty times more effective than the pill](#), last for up to five to ten years, are totally reversible, are as safe as any contraceptive method, and have been endorsed by [the Centers for Disease Control and Prevention](#), the [American College of Obstetricians and Gynecologists](#), and the [American Academy of Pediatrics](#) as the best methods of contraception for all women. These new methods are best in class medicine. But there are multiple barriers in health centers that make it difficult for women to get access to these methods. These include myths about medical eligibility, poor patient counseling, unsophisticated billing procedures that lead to clinics losing money when they offer these methods, and untrained clinicians and staff to educate women about their choices and insert the devices.

Upstream USA believes that if we can help women achieve their own goals and have children only when they want them, we can create more economic opportunity and reduce poverty. There is also a significant opportunity to save state resources, particularly in Medicaid, if women become pregnant only when they want to. When they do, they also graduate from high school and community college in

higher numbers, keep jobs longer, and make better choices about their partners because they didn't have an accidental pregnancy. [A recent study](#) at Washington University, published in the New England Journal of Medicine, showed that when 10,000 women were offered these new methods and were counseled about their relative effectiveness, they overwhelmingly chose IUDs and implants over other methods. The study documented an extraordinary 75% decrease in teen pregnancy and a 75% decrease in abortion as a result. We have never had strong evidence of an intervention that has yielded dramatic results like these.

We bring a team of clinician and support staff trainers into health centers to change contraceptive counseling and care so that patients get access to the most effective methods of contraception. If health centers give women full information about their contraceptive choices and make it easy for them to get any method the same day they want it, we can reduce the incidence of accidental pregnancy. We have already seen results: we have now delivered trainings in six health centers in Texas, Arizona, Massachusetts, and New York, and we are seeing big changes in the methods women are choosing, which translates directly to lowered rates of accidental pregnancy.

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There is growing consensus that earlier interventions can create more opportunity. The national conversation has evolved from a focus exclusively on adult learning and skills to one that includes an emphasis on K-12, preschool, and the importance of excellent prenatal care. Still, we tend to start the conversation about opportunity once children are born. We then ask, "What can we do *now* to help this child achieve his or her full potential?" Upstream believes that we should also ask a question that has the potential to change millions of lives: "How can we give children the best start in life by ensuring that they are born to parents who want them, who plan for them, and who think this is a good time to have them?"

[Upstream USA](#) believes that reducing unplanned pregnancy is the fastest, most easily achievable, most highly leveraged, and least expensive way to break the cycle of intergenerational poverty. [Though accidental pregnancy rates have been flat for 35 years](#) – last year, there were 1,500,000 unintended children born in the US, and the rates have been growing among low-income women – there is an opportunity to lower these rates by half in just twelve to fifteen years. Reducing unintended pregnancy has the added benefit of having aligned interests: women want to plan their pregnancies, we can save billions of dollars in health care costs alone, and there is new evidence that there are easily achievable ways to accomplish this. Our vision is for every child born in America to be a planned for and wanted child.

For More Information, please contact

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