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Planned, unplanned, and in-between: The meaning and context of pregnancy planning for young people

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Abstract

Objective: To understand how young people conceptualize planned, unplanned, and “in-between” pregnancies.

Methods: We conducted individual qualitative interviews with 50 young (ages 18–24) women and their male partners (n=100) in the San Francisco Bay Area to investigate prospective pregnancy intentions. In this analysis, we focused on participants’ conceptualization of planned and unplanned pregnancies, as well as a status in-between planned and unplanned.

Results: Conceptualizations of pregnancy planning were influenced by personal experiences and life circumstances, including previous unplanned pregnancies. While many participants held up planned pregnancies as an ideal, the majority of participants (n=71) also felt that a status in-between planned and unplanned pregnancy existed. Many described this in-between stage occurring when someone is “not not trying” or would find an unplanned pregnancy acceptable. Notably, a few participants mentioned that pregnancy planning was not possible, either because it was uncommon among their peers or they felt a general lack of control over pregnancy.

Conclusion: Our analysis suggests that binary operationalization of pregnancies as “planned” and “unplanned” neglects the complexity of young people’s lived experiences and perspectives. Contraceptive counseling approaches that allow patients the flexibility to express their considerations and feelings toward a potential future pregnancy could improve the quality of family planning visits and patient-provider interactions.

Keywords

Qualitative; Pregnancy; family planning; patient-provider communication

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1. Introduction

The dichotomous concepts of “planned” and “unplanned” pregnancy are widely used to guide family planning practice and research, despite evidence suggesting that these terms may not accurately reflect some women’s experiences of or feelings toward pregnancy [1–4]. This mismatch between patient and provider conceptualizations of unplanned pregnancy likely constrains reproductive health care interactions and decision making, as providers may perpetuate normative notions of pregnancy planning that alienate some patients [5–7]. Because access to contraceptive care plays a critical role in supporting individuals in achieving their reproductive goals [8], it is imperative that providers avoid perpetuating normative ideals of pregnancy planning and support their patients’ diversity of attitudes and experiences towards pregnancy [5]. The traditional pregnancy planning paradigm posits that women determine if and when they want to have children based on important life goals, such as career or education, and then develop a plan for how to achieve their fertility goals [9]. Incorporating socioeconomic, contextual, and relationship influences into dialogues on how women and their partners understand family planning and related decision-making processes moves toward a more inclusive and nuanced conceptualization of pregnancy planning [10].

There is a growing body of evidence regarding the limitations of “planned” and “unplanned” pregnancy concepts and terminology. Prior studies have shown that women’s perceptions of pregnancy planning are multidimensional [2,11,12]. For example, a qualitative study in a New Orleans clinic found that some women in their sample both reported a desire to avoid pregnancy and were not using contraception regularly. While these participants understood the concept of pregnancy planning, they also expressed that avoiding pregnancy was not a priority because they might never realistically reach a point where planning one would be possible [11]. Moreover, recent studies have demonstrated that additional factors, such as relationships dynamics, desire for a baby with a specific partner, and current life circumstances, significantly influence how women conceptualize pregnancy planning [2,12]. Taken together, the literature highlights the context dependent, multifaceted, and fluid nature of pregnancy planning. Yet limited research exists on how individuals’ lived experiences influence their conceptualization of planned and unplanned pregnancy and the grey areas in-between [3].

Efforts to understand the context of pregnancy planning have historically neglected men’s perspectives or examined them within limited contexts. For example, recent qualitative studies have examined low-income, inner-city fathers’ perspectives on childbearing but not on pregnancy planning [13,14]. Additionally, these two studies did not include married and/or non-parenting men. Furthermore, some studies only examine male partners’ desire or intention for pregnancy rather than pregnancy planning [15–17], which, in addition to desire and timing, includes the preparatory behaviors an individual takes in anticipation of pregnancy [3,18]. These studies also rely on women’s report of their male partners’ intentions or use women’s intentions as a proxy for their partners’ intentions, neglecting that women may be unaware of or have misperceptions about their partner’s perspectives [19]. While these studies provide valuable perspectives on feelings toward pregnancy intention among certain groups, they provide limited insight into the diversity of men’s understanding of pregnancy intentions and do not examine their views on pregnancy planning.

To date, few studies have investigated the concept of pregnancy planning from the perspectives of both women and men. An increasing emphasis has been placed on employing qualitative approaches to examine these term's connotations, as these methods allow for better understanding of the nuances of existing definitions for patients [3,12,20]. Given the gaps in existing research, our work sought to further the understanding of how young people conceptualize planned and unplanned pregnancy, as well as any 'in-between' areas that may be neglected by this binary. In so doing, we investigated how these definitions differ based on lived experiences.

2. Materials and Methods

This analysis utilized qualitative data from the Young Couples Study, a mixed methods study examining pregnancy desires, planning and decision-making among young women and their male partners in the San Francisco Bay Area. The aim of this study was to inform development of new prospective approaches to conceptualization and measurement of pregnancy intentions and related concepts, and to understand these concepts within the context of relationships. Therefore, we sampled couples to examine the effect of one's relationship status and quality on their perspectives on pregnancy. Furthermore, recruitment efforts focused on young women owing to their higher rates of unintended pregnancy nationally [21]. Data collection occurred between April 2015 and February 2016. Women who were ages 18–24; identified as Black, Latina, White, or Asian; spoke English; identified a primary male partner aged 18 or older with whom she had been sexually active and in a relationship with for at least two months; and were not pregnant or trying to get pregnant were eligible for the study. Their partners were eligible to participate if they identified as male and were 18 or older. Additionally, both partners had to reside in the San Francisco Bay Area and be willing to be interviewed. We recruited participants through flyers posted in various community organizations, universities and community colleges and via Craigslist and Facebook. Upon completion of the interview, participants received an incentive of \$30. The Committee for Protection of Human Subjects at the University of California, Berkeley approved the study protocol.

Prior to the interview, participants provided informed consent and completed a brief demographic survey that included existing measures capturing various dimensions of prospective pregnancy intentions. These measures included questions about trying for pregnancy [22–24], the importance of avoiding pregnancy [25,26], and expected happiness about a pregnancy [27,28] (Table 1). Trained members of the study team conducted separate and simultaneous interviews with members of couples, with interviewers and participants matched by gender. Interviews occurred in-person and lasted an average of 77 minutes. The interview explored relationship history, contraceptive decision-making, pregnancy plans, and feelings about and understandings of pregnancy planning. We digitally recorded the interviews, which were professionally transcribed verbatim. To ensure accuracy of the transcripts, members of the study team reviewed the transcripts while listening to recordings to correct errors and remove personal identifiers.

As we aimed to use the qualitative data to develop new measurement approaches, we integrated interview questions that would support the measure development process,

specifically the conceptualization of various dimensions of prospective pregnancy intentions, and operationalization of these abstract concepts into empirical definitions [29]. We used various approaches to understand the extent to which current measures and paradigms resonated with participants' views and experiences. Here, we focus on a section of the interview that aimed to elicit participants' understandings of terms relating to pregnancy planning, which is frequently *operationalized* as a binary construct. By doing so, we can understand this operationalization in relationship to participants' *conceptualization* of pregnancy planning. To garner this information, we asked participants, "What does planned pregnancy mean to you?," followed by, "What do you think about this term?" We then asked the same questions about the term "unplanned pregnancy." Lastly, participants responded to the question, "Do you think there is anything in between?" For participants who responded affirmatively, the interviewer probed to understand what the in-between looked like. Interviewers asked these questions at the end of the interview, after participants had described their own pregnancy desires, plans and intentions so as not to communicate normative expectations of pregnancy planning [5].

We utilized a thematic analytic approach to examine participants' feelings about the meaning of pregnancy planning [30]. The "Sort and Sift, Think and Shift" method guided our analysis [31]. First, we created analytic memos for each interview transcript to capture emergent themes in the data. The process of developing these memos and the memo content itself informed development of a codebook, which focused on relationship dynamics, contraception use, pregnancy desire, perceptions of partners' pregnancy desire, expected feelings if they found out they or their partner was pregnant today, and pregnancy planning nomenclature. Members of the study team then coded the study data in two rounds, starting with a "lumping" coding method, wherein larger blocks of text were analyzed and coded to capture the overall meanings described by participants. We then condensed similar codes to create a final code list and capture emergent themes [32]. We analyzed coded data regarding pregnancy planning nomenclature using an individual-level data matrix [33]. After generating initial themes, we referenced data from other sections of the interview and other codes in order to contextualize the findings, including pregnancy desire and feelings. Lastly, among individuals who indicated a status in-between planned and unplanned pregnancies existed, we systematically reviewed the definitions of the three terms to determine if and how the meaning of in-between differed from planned and unplanned. Throughout the results, participants are identified by pseudonyms in order to demonstrate breadth of the data.

3. Results

Table 1 describes demographic and relationship characteristics of the 50 couples interviewed for this study (individual n=100). The average participant age was 23 years (SD = 4). Participants were racially and ethnically diverse, with about one-third (n=35) of participants identifying as white. Forty-one participants were parents, 52 were students, and 65 were employed full- or part-time. Most participants (n=70) had been in a relationship with their main partner for more than a year, with a quarter (n=25) reporting that they were married or currently cohabiting. While the majority of participants were avoiding pregnancy (n=77) and

felt it was very important to do so (n=67), 33 indicated they would feel very or a little happy if they found out they were pregnant today.

Although descriptions of pregnancy planning varied, some commonalities emerged. Generally, participants described planned pregnancies using positive words, such as “joy,” “good,” and “best.” In contrast, unplanned pregnancy conjured negative emotions for some participants, invoking descriptors such as “scary,” “foolish,” and “unfortunate.” While all participants easily defined both planned and unplanned pregnancies, most (n=71) also indicated that a status in-between planned and unplanned existed, sometimes termed as “not not trying.” Overall, participants drew from a variety of personal experiences when defining these terms, including previous unplanned pregnancies, or thinking about pregnancy in the context of their educational or career plans. Notably, we found few meaningful differences among themes by gender or race/ethnicity, unless otherwise noted.

The results of our thematic analysis are presented below. We present a brief summary of participants’ descriptions of planned and unplanned pregnancy, followed by their descriptions of the status in-between planned and unplanned, and lastly, describe the context dependent nature of pregnancy planning. Themes were not mutually exclusive; participants’ definitions of pregnancy planning nomenclature were diverse, and at times encompassed multiple themes.

3.1 Defining planned and unplanned pregnancy

Two-fifths of participants (n=40) emphasized that planned pregnancies were decided on or agreed upon before conception, which necessitated communication between two partners and the shared goal or intention to become pregnant. As one participant said, “A planned pregnancy is when two people agree, to be honest. It’s like when two people—it’s like two parties are agreeing, let’s make another life basically” (Alisha, 22-year-old woman). Additionally, some participants (n=38) equated planned pregnancies with readiness to parent, which included financial and emotional preparedness as well as relationship stability. “That’s a good idea, because it also means that you’re prepping, like you know beforehand that you’re going to try and have a baby so you’re prepping everything to have a baby. You know your finances are good, you know you have an excellent job, you’re stable” (Jen, 22-year-old woman). Many (n=34) also mentioned the factors involved with actively trying to become pregnant, including tracking fertility, increasing the frequency of sex, and discontinuing contraceptive use, as well as behavioral changes, such as quitting smoking and/or drinking, and taking prenatal vitamins.

Although planned pregnancies were most commonly connected to decision making in advance, unplanned pregnancies were most frequently linked to contraceptive failure (e.g., broken condoms, inconsistencies in oral contraceptive use) rather than the lack of decision-making (n=33). As Madison, a 21-year-old woman, said, “I guess for me, an unplanned pregnancy would be like if you were using a contraceptive, and you still got pregnant, sort of like unplanned, it was unforeseen, and you’re like, oh, I thought I was protected sort of thing.” Some (n=29) defined unplanned pregnancies as having an element of surprise, as unexpected, and “just happening.” Lucy, a 22-year-old woman, described a possible scenario of an unplanned pregnancy: “You go to the doctor on like a random Tuesday, and like, oh

yeah, by the way you're pregnant. Like it wasn't in the plan, but you just happened to be fertile, and there happens to be something inside you now."

3.2 In-between planned and unplanned

A majority of participants (n=71) indicated that a status between planned and unplanned existed, described by 24-year-old Derek as not being "black and white." Through our systematic review of participants' definitions of planned, unplanned, and in-between pregnancies, we found that 70 participants provided distinct definitions for the three constructs. Notably, many participants only spoke about the "in-between" status when prompted by their interviewers; some had not even considered this concept until asked, though participants who believed an in-between status existed were generally able to describe this status without difficulty. Some (n=23) described this in-between status as occurring when someone is not planning to become pregnant, yet would be okay becoming or getting a partner pregnant. One person described people who could fall into this status as:

"People [who] are willing and able to have a child, they're not planning for it, they're not aggressively saying, 'Hey, we're going to have a child,' but if they have it, and they're willing to accept it..." (Miguel, 21-year-old man)

Many of these descriptions of finding an unplanned pregnancy acceptable appeared context-dependent, such as being financially stable or in a good relationship. Maya, a 23-year-old woman, was in a relationship with a man with whom she would feel comfortable having a child and referenced this in her description of the in-between: "So I think when you're comfortable, you're comfortable in your relationship, you know, you're not wanting to have a baby, but it wouldn't be the worst thing in the world, you know."

A few participants (n=12) felt that there was a status in which individuals were neither actively trying to get pregnant nor avoiding pregnancy, using descriptors such as "not not trying," "letting it happen," and "whatever happens, happens." Sean, a 24-year-old man, elaborated: "Like we're not trying, but we're not not trying either. You're not taking steps to get pregnant, but you're not taking steps not to get pregnant either." Unlike pregnancy ambivalence, a state in which an individual has conflicting desires toward pregnancy [23], Sean emphasized the act of "trying" or lack thereof when describing the in-between.

Over a quarter of participants (n=29) felt that the "in-between" did not exist; 23-year old Jonathan described pregnancy planning as having only "two extremes." Some participants noted that even in cases of unplanned pregnancy, if one consents to heterosexual sex, pregnancy is always a known risk: "So I don't really think there is a gray area. Either you're on [contraception], or you're not. You're actively trying to prevent it, or you're trying to get it, you know, the gray area is you don't give a shit, and you might as well say that you're planning for it" (Leo, 27-year-old man). For Leo, not doing anything to prevent a pregnancy was equated with planning a pregnancy, as he felt that one could easily avoid pregnancy by using contraception.

3.3 The context-dependent nature of defining pregnancy planning

Participants' personal life experiences and circumstances often influenced their perspectives on pregnancy planning. Indeed, many participants (n=56) referenced personal circumstances when defining planned and unplanned pregnancies. For example, among those who had described pregnancy planning as involving readiness (n=38), more participants had experienced an unplanned pregnancy and described pregnancy planning as encompassing reaching certain milestones before becoming a parent, such as launching a career and/or having a secure living situation, compared to participants with no history of unplanned pregnancy.

"It's like if you were to knock on my door, and I would say, 'Okay, come in, but I wasn't ready for you to come.' So then like my house is a mess, like I didn't clean anything up for you because I didn't know you were going to show up. That's what I think....I mean being part of that unplanned pregnancy, accidental pregnancy, you're unprepared in every aspect. Like there's nothing you're prepared for financially, academically, morally, ethically, like you're not prepared. So it will lead to a disaster, at least I feel like that's what I went through..." (Jonathan, 23-year-old man).

Jonathan's personal experiences with an unplanned pregnancy and the lack of preparation he described surrounding that event influenced what these terms meant to him. Like this participant, others also highlighted how the difficulties they previously faced with unplanned pregnancies informed the way in which they wanted to become parents in the future and their definitions of planned and unplanned pregnancies.

A few participants (n=12) described planned pregnancy as involving timing or getting pregnant at the "right" time. Although timing wasn't a common theme, all but one of the participants who mentioned timing were college students or graduates. For example, a participant connected her definitions more closely with her educational plans: "That's my mentality, like, no, I don't want any children now, you know, I don't want it to affect my education" (Anna, 24-year-old woman). Most of these participants felt that "the right time" to have a(nother) child would be once they were finished with school and established in their careers.

Notably, a few participants (n=6) described a fatalistic outlook on pregnancy and felt that it was not possible to plan a pregnancy. Importantly, all but one of these participants were men, which may reflect cisgender men's inability to carry a pregnancy. While these participants did not feel pregnancies could be planned, two participants did offer the caveat of use of in vitro fertilization as representing "planned" pregnancies. When asked about his feelings about pregnancy planning, 23-year-old Marcus said,

"So I don't think there is no such thing as a planned pregnancy unless you're doing in vitro or the egg stuff and like when you actually try to go to a doctor and get a baby put inside of you. That's a planned pregnancy because you're planning to go have a baby put inside of you. So if you're not doing that I don't think there's such a thing called planned pregnancy"

While classic examples of fatalism in the literature focus on descriptions of unplanned pregnancies [3,34], this participant focused on trying to get pregnant, rather than avoiding pregnancy. Alex, a 22-year-old man, simply mentioned that pregnancy planning was not something that was common among his peers: “I’ve never really heard people talk about planning their pregnancies. It just happens.” These participants spoke of pregnancy planning in terms of something *others* would try, rather than something *they* would consider.

A minority of participants (n=5) also mentioned that pregnancy, as Michael, a 19-year-old man said, “can happen to anyone.” This idea was mostly grounded in fatalistic views, the notion of “a stroke of bad luck,” and pregnancies as a natural result of being sexually active. As 24-year-old Leah said, “I think like anyone who is sexually active or has sex like is bound for that, you know, that’s bound to happen.”

4. Discussion

Researchers have long acknowledged the problematic nature of binary definitions of pregnancies as either planned or unplanned, particularly in informing contraceptive counseling practices [2,3,34–37]. Indeed, we found that while many participants held up planned pregnancies as an ideal, the majority of our sample also felt that a status in between planned and unplanned pregnancy existed. Although the concept of a status in-between planned and unplanned pregnancy did not emerge organically, participants were able to clearly describe this in-between status as encompassing scenarios of pregnancy that were distinct from their descriptions of planned and unplanned pregnancy. Additionally, many drew upon personal experience and circumstance when defining the terminology, highlighting the various ways personal experience can influence an individual’s conceptualization of pregnancy planning.

These findings suggest that traditional family planning counseling approaches relying on binary operationalization of pregnancy planning, such as simply asking whether one wants to get pregnant or not (e.g., the One Key Question approach [38]) or assuming that patients’ intentions are clear and static (e.g., the Reproductive Life Planning approach [39]), may fail to uncover the perspectives of patients beyond the planned-unplanned binary. Moreover, while pregnancy ambivalence has been used to capture any pregnancies in the in-between or grey area, the concept actually captures conflicting or uncertain *desires* towards pregnancy [23,26], which is not reflected in our participant’s descriptions of the in-between status of pregnancy *planning*. Rather, they described instances of pregnancy acceptability regardless of desire, as well as not trying for but also not avoiding pregnancy [3,4,34]. Importantly, pregnancy acceptability should not be construed as being in the middle of planned and unplanned on a linear spectrum [36]. Arguably, these descriptions of pregnancies in-between planned and unplanned as acceptable still reference unplanned pregnancies but make distinct the situational context surrounding these pregnancies. Specifically, they do not evoke the “negative” connotations that emerged in participants’ definitions of unplanned pregnancies. Future studies should examine the extent to which dimensions of pregnancy perspectives, such as prospective intentions, plans, and acceptability, speak to each other in order to avoid misclassifying pregnancies that are not easily identifiable as intended or planned.

We also found that while many participants felt that planning a pregnancy was the ideal way to become pregnant, the concept of planning a pregnancy was not relevant to all participants. A minority of participants felt that there was no real way to plan a pregnancy, while others felt that some pregnancies just happen. These findings are in line with previous research indicating that pregnancy planning may not be salient to all individuals and that religion, culture, and social position may influence the degree of control an individual feels they have over pregnancy planning [3,4,11,34–36]. These findings may help contextualize the lack of success of interventions aimed at increasing adherence to contraceptive use [40]. Researchers have critiqued these interventions for their tendency to ignore women's own perceptions about pregnancy intention and planning [5,37] and called for more patient-centered approaches, as these interventions may prioritize normative perceptions of readiness for pregnancy and parenting and alienate some women [41,42]. In our sample, participants drew upon a diverse set of experiences and circumstances to inform their conceptualization of pregnancy planning, experiences that may not be captured by family planning approaches that operationalize pregnancy planning as a binary. Alternative methods that allow patients the flexibility to express the many considerations and feelings they carry toward a potential future pregnancy may more successfully surface these nuances. Although these counseling approach may take more time, they have the potential to improve the quality of family planning visits; for example, one study found that while women preferred autonomy in their contraceptive decision making, they also desired active participation from their providers [43].

Our study is one of the few to examine young people's, including men's, perceptions and definitions of pregnancy planning. The use of qualitative methods allowed us to gain a deeper understanding of how the young women and men in our study conceptualized pregnancy planning. However, there are limitations that should be noted. All of our participants were in partnered relationships, which likely influenced their feelings about pregnancy and thus their conceptions of pregnancy planning [44]. Moreover, understanding differences in the conceptualization of pregnancy planning within couples may reveal how partners' influence each other's perceptions and behaviors. While this was beyond the scope of the present analysis, future work will consider the dyadic nature of pregnancy intentions. Additionally, the order in which we asked about these definitions (planned, unplanned, and in-between) may have impacted participants' responses, as the unplanned and in-between descriptions may have been constrained by the frame with which they described the previous terms. Similarly, while we did not use the terms "planned" and "unplanned" in the demographic survey, assessment of participants' pregnancy intentions before the interview may have primed their definitions of these terms. Although qualitative research does not aim to be generalizable, our results are only reflective of the young women and their partners we interviewed in the San Francisco Bay Area. Individuals who are older, reside in other geographical areas, have completed childbearing, are not cisgender, and are not in heterosexual relationships may have different perspectives on pregnancy planning that were not captured in our dataset.

Much emphasis has been placed on the public health goal of increasing the proportion of pregnancies that are intended [45]. However, the implied *objectivity* of this goal is inherently at odds with the *subjectivity* of pregnancy planning. This is just one of many examples of the

chasm between family planning practices and people's lived reproductive health experiences. Indeed, studies have found that family planning providers can implicitly or explicitly perpetuate normative ideals about childbearing [5–7,37]. Some providers may base their counseling approach on their perception of their patient's readiness to parent owing to age, career or relationship status [5,42], while others may implicitly problematize pregnancy and pregnancy desire among certain groups or young women [5–7]. Based on the existing literature and our results, we find that a reframing of pregnancy planning that is inclusive of a variety of perspectives is necessary [2,3,34–37]. Moreover, providers should recognize that pregnancies may not always be planned or unplanned and make every effort to provide non-judgmental family planning care to patients who may have distinct family planning priorities and values of their own [5–7,37].

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Implications

The traditional binary conceptualization of pregnancies as planned and unplanned may not holistically capture the diverse perspectives of young people. Increased understanding of the complexities in young people's conceptualization of pregnancy planning can inform family planning care that is inclusive, relevant, and supportive of a variety of perspectives.

Table 1:

Participant demographic characteristics and pregnancy intentions, Young Couples Study (N=100)

<i>Demographic Characteristic</i>	<i>n</i>
Mean age, years (SD)	22.6 (3.5)
Race/ethnicity ^a	
Latino	45
Black	22
Asian/Pacific Islander	18
Native American	7
White	35
Multiracial	24
Educational attainment	
Less than high school	3
High school	19
Vocational or technical school, associate's degree	7
Some college	46
College graduate	25
Student	52
Employed	65
Parent	41
Has experienced an unintended pregnancy	47
Married/cohabiting ^b	26
In a relationship for more than one year	71
Insurance type ^c	
Private	58
Public	32
Uninsured	10
<i>Pregnancy Intentions^d</i>	<i>n</i>
Are you currently trying to get pregnant or avoid a pregnancy? ^e	
I am trying to get pregnant	2
I wouldn't mind getting pregnant	13
I wouldn't mind avoiding pregnancy	7
I am trying to avoid pregnancy	77
I don't know	2
Thinking about your life right now, how important is it for you to avoid pregnancy?	
Very important	67
Somewhat important	15
A little important	10
Not important at all	6
Don't know	2
If you found out today that you were pregnant, how would you feel?	

<i>Demographic Characteristic</i>	<i>n</i>
Very unhappy	26
A little unhappy	19
Wouldn't care	2
A little happy	14
Don't know	20

(a) *Notes:* Participants could report identifying with multiple racial and ethnic groups, thus the sum of all categories exceeds 100.

(b) Each individual participant reported their relationship status. Members of some couples discrepantly reported their relationship status, making this frequency an odd rather than even number.

(c) One participant reported having both public and private insurance. Another participant reported not knowing what type of insurance they had.

(d) For male participants, questions were modified to reference their partner becoming pregnant.

(e) One participant selected two responses on the paper demographic survey to this question.

Table 2.

Emergent themes from participants' definitions of pregnancy planning nomenclature

<i>Theme</i>	<i>Description</i>	<i>N</i>
<i>Planned Pregnancy</i>		
Decision-making	Deciding to pursue a pregnancy before the pregnancy happens, often involving communication between two partners.	40
Preparedness/readiness to parent	Feeling ready to have a(nother) child, including financial preparedness, completion of schooling, and being in a stable relationship.	38
Actively trying	Actions taken in order to get pregnant, including stopping contraception, changing health behaviors, and tracking fertility.	34
<i>Unplanned Pregnancy</i>		
Contraceptive Failure	Pregnancies that happen as a result of a contraceptive failures, such as a condom breaking or inconsistent contraceptive use.	33
Surprise	Pregnancies that are unexpected or have an element of surprise.	29
<i>In-Between Planned and Unplanned</i>		
Okay becoming or getting partner pregnant	When a pregnancy is not desired or actively planned, but would be a welcomed thing in someone's life.	23
"Not not trying"	When one is not taking steps to become pregnant but also not taking steps to prevent a pregnancy.	12
Nothing in-between	The belief that there is no status in between planned and unplanned pregnancy.	29
<i>Context-dependent definitions of pregnancy planning</i>		
Preparedness/readiness to parent	More participants who had experienced unplanned pregnancy described preparedness when describing pregnancy planning compared to participants with no history of unplanned pregnancy	38
Timing	Mostly students or college graduates described a timing aspect to pregnancy planning	12
Fatalism	Some participants, mostly men, did not feel that it was possible to plan a pregnancy.	6
Pregnancy just happens	Some participants, mostly men, felt that pregnancies can happen to anyone.	5