Women's Desire for Pregnancy

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ABSTRACT

Descriptive qualitative interviews were conducted with 16 women who had given birth in the previous 5 years to identify factors that influenced their desire to become pregnant. All interviews were audio-taped. Following the interviews, the texts were transcribed verbatim and analyzed using Giorgi's method. Five themes emerged from the interviews: (1) timing; (2) spacing; (3) meeting personal criteria; (4) desire for the experience of pregnancy, birth, and parenting; and (5) extended family in close proximity. The study's findings offer an initial step in understanding the attitudes, motivations, and beliefs of healthy childbearing women and their desire for pregnancy. Increased understanding may help health-care providers develop interventions that not only assist women to conceive as desired but also prevent unplanned pregnancies.

The Journal of Perinatal Education, 19(3), 53–61, doi: 10.1624/105812410X514404

Keywords: planned pregnancy, qualitative research, pregnancy desire

In the United States, approximately half of all pregnancies each year are planned. Unplanned pregnancies include both mistimed and unwanted pregnancies (Ventura, Mosher, Curtin, Abma, & Henshaw, 2000). Mistimed pregnancies are pregnancies that may be wanted at another time, but the timing is not right for the present. Unwanted pregnancies are defined as not wanted now or at any future time. Unplanned pregnancies are more likely than planned pregnancies to result in low birth weight, prematurity, and transmission of diseases (D'Angelo, Gilbert, Rochat, Santelli, & Herold, 2004; Forsyth et al., 2002; Kirshenbaum et al., 2004; Petersen, Gazmararian, Clark, & Green, 2001; Pulley, Klerman, Tang, & Baker, 2002).

Numerous studies have examined factors affecting unplanned pregnancies and on adolescent pregnancies, but few researchers have asked women with a planned pregnancy what made it the right time to become pregnant. Thus, the typical, healthy woman's perceptions of when to conceive are not known.

The process of planning for a pregnancy is complex, with many influencing factors. Factors that are considered important include family and medical history and current lifestyle behaviors (American College of Obstetricians and Gynecologists, 2000), but these may not be the most important factors that ordinary women consider.

Stanford, Hobbs, Jameson, DeWitt, and Fischer (2000) investigated how 27 women conceptualized the intention status of their pregnancy. The

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researchers found five dimensions of pregnancy intendedness: (1) preconception desire for pregnancy, (2) steps taken to prepare for pregnancy, (3) fertility behavior and expectations, (4) postconception desire for pregnancy, and (5) adaptation to pregnancy and the baby. The authors also found that among all the women in their study, the desire for pregnancy was not static; rather, it changed over time with situational shifts in the interaction between current circumstances and long-term goals. Not surprisingly, the women's preconception desire was related to their values and goals, employment circumstances, financial and emotional circumstances, and the desires of their partner, family, and friends. The authors found that, for any given woman in their study, both positive and negative desires were present at preconception (Stanford et al., 2000).

Wilson and Koo (2006) analyzed data from 1,114 low-income women who were currently in a relationship. The authors reported that the women who were in a more established relationship, who had not previously had a child with their partner, and who had higher expectations of their partner in terms of childcare assistance were more likely than the other study participants to desire a pregnancy with their partner. The authors found that both pregnant and nonpregnant women's desire for pregnancy was a function of the quality of their relationship with their significant other. Relationship characteristics and expectations were very similar. The authors concluded that women's lives are richly embedded in their personal circumstances with their partner; women who are in more positive, established, and childless relationships (with the current partner) and who experience a more positive perception of the partner's fathering potential are more amenable to sharing a child with their partner (Wilson & Koo, 2006).

Benzies et al. (2006) conducted a qualitative study of 45 Canadian women aged 20–48 years old to identify factors that influenced their decisions about the timing of motherhood. Women were categorized according to age and childbearing status: (a) women who were older than 35 years and had a child ($n = 11$); (b) women who were 30–35 years old and had a child ($n = 9$); (c) women who were currently pregnant ($n = 8$); (d) women

who were older than 30 years, did not have children, and were not pregnant ($n = 6$); (e) women who were 20–30 years old, did not have children, and were not pregnant ($n = 6$); and (f) women who were 20–30 years old and had a child ($n = 6$). The authors found similarities between younger women and older women and the factors that influenced their readiness to bear children. The majority of the women in the study valued obtaining postsecondary education before starting a family, as a means of gaining independence. While the older women in the sample described fulfilling life experiences before being ready to have children, the younger women believed that the age at which they had children had little bearing on their readiness and rejected negative societal notions about age and motherhood. Partner readiness and family had less influence on readiness to have children than expected (Benzies et al., 2006).

In another study, researchers examined the associations between type of pregnancy (intended, mistimed, unwanted) and women's behaviors before, during, and after their pregnancy (D'Angelo et al., 2004). They used data from a system funded by the Centers for Disease Control and Prevention, the Pregnancy Risk Assessment Monitoring System, involving women from 15 states in 1998 ($N = 25,027$). The researchers found that 57% of all births were intended, 32% were mistimed, and 11% were unwanted. Among the women with intended pregnancies, 57% were 25–34 years old, 82.9% were married, 55% had more than a high school education, 86% were White, and 72.9% were not on Medicaid. Compared to women with mistimed or unwanted pregnancies, women with intended pregnancies were less likely to smoke, drink, have been physically abused, or have low-birth-weight infants, and they were more likely to receive prenatal care, to have partners who also wanted the pregnancy, and to breastfeed.

Although these studies provide useful insights, they do not provide in-depth information on factors influencing intended pregnancies. Factors must be explored more thoroughly to gain better understanding and ensure optimal outcomes for women and infants. The purpose of our study was to identify and describe factors involved in healthy women's decision to plan a pregnancy.

METHODS

We conducted in-depth qualitative interviews with 16 women who had given birth in the previous 5

years. The time frame of 5 years was chosen to capture women who had had a child relatively recently. Women were recruited mainly through our personal contacts. Recruitment was done through personal conversations, telephone calls, and e-mail. The interviews were conducted in a variety of settings where participants were comfortable and confidentiality could be ensured. Interviews lasted approximately 45 minutes to 1 hour. With the women's permission, the interviews were audio-taped. Following each interview, the audiotape was transcribed verbatim for careful review and analysis. All study procedures followed protocols approved by our university's institutional review board.

Sociodemographic information was obtained either at the start of the interview or during the interviewing process. Information included the participants' age, race/ethnicity, current occupation (full-time or part-time status), marital status, social support, number of children and pregnancies, children's age, significant past medical and obstetrical history, highest educational level completed, and religion.

To begin the interview, the women were asked the broad question, "What made you decide to get pregnant at the time you did?" They were given ample time to share all of their ideas, and the interview was facilitated with the use of questions as needed to enhance the flow of conversation (e.g., "How did that feel?" or "Can you tell me more about that?"). Women were also asked if they felt that they had adequate social support. When the women needed elaboration on the concept of social support, they were asked if they had family nearby who helped them with baby care and provided other types of support (both physical and emotional). A follow-up interview was scheduled within 10 days of the initial interview to determine if participants had any additional information to include and to ensure that current transcription was accurate.

ANALYSIS

We used the Giorgi method for data analysis. Based on inductive reasoning, the Giorgi method examines individual examples of a phenomenon of interest and identifies themes to gain understanding of the essence (e.g., first principles, universals, presences, unreal givens, and meanings) of the phenomenon (Giorgi, 2005; Koivisto, Janhonen & Vaisanen, 2002). In our study, we first examined the transcribed interviews to gain a "sense of the whole."

Next, we identified themes (meaning units) from each of the interviews and translated the themes into language appropriate for qualitative nursing research (transforming expressions). Finally, we grouped collective themes and identified the overarching theme.

RESULTS

Study participants' ages ranged from 25–40 years old. All of the women were married except one, who maintained a relationship with her baby's father. Approximately two thirds of the women worked outside the home, although three of the stay-at-home moms had college degrees and prior careers that they had either deferred or given up for motherhood. Four women were African American and 12 were Caucasian. (See Table.)

Our analysis of the interviews revealed that varied factors led to the women's desire to become pregnant, which may be viewed as *the intersection of wanting, personal priorities, and life circumstances*. This overarching theme embodies the sum and substance of five key themes: (1) timing; (2) spacing; (3) meeting personal criteria; (4) desire for the experience of pregnancy, birth, and parenting; and (5) extended family in close proximity.

Theme 1: Timing Related to Finances and Housing

Study participants considered timing and its relation to family finances to be a major factor when planning their pregnancy, particularly their first planned pregnancy. The women reported they frequently prioritized financial practicality over their emotional desire to start a family. For example, one mother said:

I would have had children whether or not we were in school, though it wouldn't have made sense, and I agreed [with my husband] to wait because it did make sense. If he had said, "Let's have children," I would have had them.

Despite her desire to want a family prior to perceived financial readiness, she clearly was in agreement that some level of financial security was necessary prior to childbearing:

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TABLE
Study Participants' Demographic Information (N = 16)

Age range	25–40 years old
Race	
Caucasian	12
African American	4
Working outside the home*	
Full-time	8
Part-time	3
Stay-at-home mom	4
Marital status	
Married	15
Separated	1
Education**	
High school/Trade school/	3
Associate's degree	
Bachelor's degree	7
Graduate degree	4
Number of children/pregnancies*	
Currently pregnant, no children	1
Currently pregnant, one child	1
One child	6
Two children	4
Three children	3
Children's ages*	
Younger than 1 year old	3
1 year old	4
2 years old	6
3 years old	1
4 years old	3
5 years old	1
6 years old	1
7 years old	3
14 years old	1

Note. *Incomplete or missing data for one participant. **Incomplete or missing data for two participants.

I guess everyone has their own comfort level as far as income goes, but a baby costs money to have. It's scary enough going into it without worrying about money, so that was important to me...extremely important to my husband.

Rather than struggling with financial issues, some of the mothers seemed to have a strong sense of financial resolve, in which childbearing could not be a consideration until certain financial goals had been met. One mother's comments illustrated this resolve:

I think at 23 [years old] I knew that I wanted my husband and me to be financially stable. I was lucky enough that my parents were able to put all their kids through college, and I knew what a gift

that was. So wanting to have a good financial base was good. A little nest egg built up before you start down that road with children. They are exciting, but they are expensive.

Another mother described a similar outlook:

...we also wanted to make sure that we were financially stable before we got pregnant, because at that time, I was the only breadwinner. My husband at the time was going to school, and so he wasn't working. So, we wanted to make sure that he had a job in addition to my income, before we had any children.

The idea of completing school and establishing a career was a common thread in relation to the theme of timing for pregnancy. For example, one mother simply stated, "We knew when we got married that we wanted kids, but we waited until we were both established in our careers. We were doing what we felt we needed to do before having a baby." Schooling also tied into financial preparedness for another mother, who said, "We were students for a long time. We were both out of school, both working. I think you get into this routine in your working life, and you realize, 'You know, we could have something here!'"

The financial ability of the mother to stay at home full-time for the purpose of raising children without the need for daycare or other childcare arrangements was also a common priority when it came to timing. One mother believed that being able to manage on one income provided a sense of financial comfort that was necessary to raise children:

Financially, I wanted to make sure we could survive on one income. I really felt that it was responsible before you brought a child into the world that—you never know in this economy—one of you could lose your job, and I wanted to make sure we could pay the bills on one income, and then we had "X" amount of dollars in the bank. For me, that is safety.

Two participants' comments illustrated the arbitrariness of the term "financial readiness." One mother jokingly said:

I think financially, you never really feel like you are where you want to be. You know, if we all waited

until we were financially ready to have babies, we never would [laughs]. . . because even then, I've discovered it's more expensive than we thought it would be. So you just kind of do what you gotta do at that point. . . .

Another mother's comments clearly described the arbitrary and individual nature of "financial readiness" when it comes to timing a family:

I can just speak for us, why we waited, but I don't know, I guess everybody has their own right time. I can say, you know, when you are married, when you have a house, when you've got a little bit of money in the bank, then that might be right for you. . . but that might never happen, so do you wait forever?

Timing is a multifaceted issue when it comes to the decision to bear children. Financial readiness and sufficient housing are two of the factors that play into this timing. These two factors were inter-related concepts that were pervasive throughout all the study participants' interviews.

Theme 2: Spacing

As our interviews unfolded, it became evident that a major, emerging theme was the idea of spacing children. Spacing is the timing of pregnancies to create a certain amount of time or space between children's ages. Some of the mothers interviewed had only one child, so spacing was not an issue; but for many of the others, spacing played a major role in their decision to have another child. One woman's comment typified the theme of spacing: "I thought that would be a good time to have a child because then they would only be 2 years apart." Another woman said, "We agreed that the spacing [3 years] was good." Another mother said, "When we planned our second baby, we were looking at spacing. Our oldest was 3 years old." The mothers who wanted a wider spread between their children's ages seemed to feel spacing would give them an appropriate amount of time to nurture each child without any child missing out on attention.

As the women who preferred closer spacing spoke, it became evident that their desire for pregnancy originated, in part, from a longing for "that baby stage." For example, one mother said, "When my first child turned 15 months old, I realized that he didn't need me as much anymore. So I decided it was a good time to have another." Another more

plainspoken mother described her longing like this:

After my baby turned about a year old and wasn't a cute, teeny baby anymore, you know, he started walking and getting self-sufficient, and I felt the need to have another baby. You know they are just so cute.

Each of the mothers who spoke of spacing felt the idea was important enough to base their family's future on it. Although the women had different amounts of time for what they felt was proper spacing, it was clear that each of them believed spacing was an important factor to consider when contemplating pregnancy.

Theme 3: Meeting Personal Criteria

Several study participants' comments revealed an emerging theme that involved meeting personal criteria to initiate their decision for pregnancy. Seven women discussed their desires for having more than one child, especially for the purpose of providing a sibling for another child. The women's desire to avoid isolation for an only child was an important factor in their decision to become pregnant. One participant said, "We wanted our son to have someone to grow up with, to be able to play together and all that stuff," and another said, "I wanted him to have a playmate." Timing seemed to play a factor in the women's decision to provide a sibling for their other child. For example, one mother said, "We wanted our first child to have a sibling and we wanted one sooner rather than later," and another said, "I guess it was because as she got older, we realized that we didn't want her to not have a sister or a brother."

Some women knew they wanted more than one child. As one mother commented, "I never wanted only one child." These mothers had preset ideals that determined their pregnancy planning. For some study participants, the woman's and her husband's past background influenced their desire for more than one child: "He grew up with a sister. . . they were pretty close," one woman said, and "I am one of six children, 'so what's two' was kind of my thought." Past experience in family backgrounds can give a positive or negative perception to the planning of pregnancy in the present family.

The mother's or father's career was another personal criterion that surfaced in five interviews.

These participants wanted to have career experiences or establish security in a career, which influenced their timing of pregnancy. For example, as one woman said, “We waited until we were doing what we felt we needed to be doing before having a baby. We were prepared.” Another woman stated, “I wanted to achieve a certain level of career before I became pregnant.” On the other hand, a pregnancy sometimes led to a change of career, such as leaving the military: “I was fine with getting out of the military once we’d had a child,” one woman explained. “We didn’t want to both be in [the military] with a high risk of deployment when we had a child.”

Personal criteria included objectives the women desired to accomplish before becoming pregnant or making personal decisions about the pregnancy. Whether it was sleep, a house, or maturity, they desired to meet certain goals. One woman said, “Within a year or so, we were wanting to start building a house and I really didn’t want to be pregnant and building at the same time.” Another woman stated, “I had to get past my sleep deprivation from my first child before having another one.”

Some study participants had certain expectations of what having a family would entail or would look like. One mother said, “. . . planning the pregnancy, I wanted to make sure I didn’t continue the cycle of my childhood [lots of yelling in the home].” Another woman noted, “We were ready to put down our roots and start a family.”

The desire for pregnancy for several participants was directly related to completing or attaining educational goals for either themselves or their partner. They were attempting to alleviate some of the stressors that come with parenthood by ensuring the availability of both financial and social support. One participant said, “I had graduated from nursing school and met a nice guy. I had passed my boards and knew I could support a baby.” Another participant said, “The timing was right. We were both out of school. We got into the routine of our working life.”

Stability in an established relationship with their partner was also an influential factor in the participants’ desire for pregnancy. For example, one participant’s husband had grown up with divorced parents and struggled with issues regarding childbearing, which negatively affected the participant’s desire for pregnancy. However, after expressing assurance of their commitment to the marriage, the husband’s change in attitude led to the participant’s

desire for pregnancy: “We had a deep commitment at that time, so I guess he felt comfortable making the decision to have a baby.”

Study participants wanted to fulfill their personal desires such as adventurous travel and exploration, time for self-indulgence, and time to work through marital issues before becoming pregnant. For example, one participant said, “The first few years of marriage were rough, but we were able to work through all of our issues.” Another participant said, “We had wanted to be married about 2 years, to have some time to do things that single people or people without kids do.”

Theme 4: Desire for the Experience of Pregnancy, Birth, and Parenting

Some of the women struggled when they attempted to articulate their reasons for wanting children. Their accounts included a seemingly innate or primordial sense of wanting children. For example, as one woman said, “I’ve been wanting babies forever.” The concept of childlessness was foreign, and contemplating life without children conjured up a sense of being unfulfilled or having an empty home. Having children was associated with positive emotions and experiences such as love, joy, laughter, nurturing, and the perception of children as a gift. Children were described as making the family complete. One woman talked about her emotions related to the actual birth experience and to having a newborn as a reason for wanting to bear another child: “It’s just a joyous occasion. . . I love when the babies come out of you. You just hold them.”

Theme 5. Extended Family in Close Proximity

Another major theme in the women’s comments about their pregnancy decision was having extended family members in close proximity. For women who mentioned this aspect, however, having their family close by was important for different reasons. Some women wanted the additional help if needed, others had grown up with family close by and they wanted that experience for their children, and still others just felt better knowing that their family was close. Several women explained this in general terms, by saying, “We wanted to have a baby while we were in close proximity to our family” and “Grandparents will be nearby. Enjoyed the family lifestyle of living in hometown. . . .”

One woman had not considered family proximity with previous pregnancies, but was considering it with her third pregnancy:

I think that is a huge thing that a lot of people wait on. Do I miss that part? Yeah, it would be very nice to have family nearby to help, so there is a possibility with the third that would be an option, so that's something we are toying around with—certainly not going to happen next year, but the possibility to be around family in the next few years is there so I think that is something influencing the third pregnancy.

Other women drew comfort from the fact that their families would be around to help. For example, one woman said, “It was nice to know both moms would be around to help out when the baby was born, and the dads too, so it did help to know they would be here.” Another woman made a similar statement: “Both of our parents were very close to where we were stationed [in the military]. We had their support to help us out. My husband is away a lot, so that was important.” Another woman said, “My family lives nearby [so they help out]. In fact, my mom’s keeping him today, and. . . I think that probably had a factor, just knowing that we weren’t by ourselves; that probably played a part [in planning the second pregnancy].”

Some women also mentioned that they were raised with family close by, which had a positive impact on them, so they wanted the same experience for their child. For example, one woman explained:

Our family kind of played a role in us wanting to have kids. We both grew up around our family and we wanted our kids to be able to grow up with their grandparents and cousins and do the family thing like we did. We were both very close to our families growing up. My husband and I both stayed with our grandparents during the day when our parents worked. And we were hoping our kids would have the same opportunity.

DISCUSSION

Five themes emerged from our interviews with women regarding their decision to plan a pregnancy: (1) timing; (2) spacing; (3) meeting personal criteria; (4) desire for the experience of pregnancy, birth, and parenting; and (5) extended family in close proximity. Women discussed how maternal age, family finances, and housing wishes influenced their timing in planning a pregnancy. Eleven of the 16 study participants identified maternal age as a factor that influenced the timing of a pregnancy. Twelve participants discussed the timing of appropriate fi-

nances and security. They discussed finances in relation to family security and the expenses of having another child. Four women identified adequate housing as influencing their decisions and timing factors when planning for a pregnancy. Spacing was also discussed by four of the women. They seemed to focus on the requirements of each child and wanted to make decisions that influenced the children’s needs most appropriately.

Meeting personal criteria emerged as a major theme that influenced many of the women’s pregnancy decisions. The subthemes of career, siblings for other children, and education/school were mentioned by approximately 40% of study individuals as criteria for their pregnancy decisions. The women discussed education from the perspective of desiring to complete their educational goals before pregnancy. Findings from two previous studies also identify education as an important factor in pregnancy decisions (Manning, 2001; Romo, Berenson, & Segars, 2004), but from a different perspective. The researchers in the previous studies identified education as an influencing factor in that less education is associated with a higher number of pregnancies. The varied perspective on education as a significant influence on pregnancy is likely due to important differences between these two previous studies and our own investigation. The most notable differences are the sociodemographic characteristics of the participants in each study: Participants in our study were mostly married and Caucasian American, while participants in the two previous studies were not married (Manning, 2001) and were more racially and ethnically diverse (Manning, 2001; Romo et al., 2004).

Many women in our study discussed their desires to experience pregnancy, birth, and parenting. Most women viewed these desires as positive and innate. Desiring a specific gender for their baby and being influenced by others who had been involved in childbearing were subthemes identified by the women. The composition of the study participants possibly affected these desires. Most of the women in our study were married, educated, and planned to be financially stable before their pregnancy. Future investigations that examine women with different sociodemographic characteristics could produce different results.

Five women in our study identified family proximity as an important variable in determining when to become pregnant. These women found strong family relationships desirable, especially as a means

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of support and as a positive experience for their children.

The findings from our study are similar to those obtained by Benzie and colleagues (2006). For example, women in Benzie et al.'s (2006) study reported that they felt ready for motherhood because they had met personal goals, had stable relationships, and had dealt with family considerations. Women in our study, however, seemed more reliant on family proximity and values than women in Benzie et al.'s (2006) study, who identified family factors as less significant in the timing of motherhood. Women in both studies noted that family members are often more geographically distant from each other now than in past generations.

A significant limitation of our study is that participants were similar in race, socioeconomic status, and education. Different themes regarding factors that influence women's pregnancy decisions might emerge with a more diverse group of women.

IMPLICATIONS FOR PRACTICE

An estimated 40%–60% of all births in the United States are unintended at the time of conception, which places the rate of unintended pregnancies in the United States higher than any other industrialized country (Hobbins, 2001). The critical period of fetal development is often missed or far along by the time of diagnosis of an unintended pregnancy, which results in missed opportunities to implement clinical strategies to improve pregnancy outcomes (Hobbins, 2001). Women experiencing unwanted pregnancies are less likely to seek early prenatal care, and more likely to participate in adverse maternal behaviors, such as smoking (Joyce, Kaestner, & Korenman, 2000).

Nurses and childbirth educators can make a significant impact in the realm of sexual and reproductive care because they are frequently in settings that enable them to identify individuals at risk for unintended pregnancy. Helping women make informed decisions regarding their reproductive choices can mitigate reproductive risks prior to conception. The findings from our study provide some initial evidence on the factors that are relevant to healthy

women who plan a pregnancy. It is a beginning step for the development of strategies that may be helpful to prevent unplanned pregnancies.

Understanding the attitudes, motivations, and beliefs of healthy, adult, fertile women and their desire for pregnancy needs to be a subject of ongoing study with eventual quantitative analyses to identify key concepts and develop interventions to assist women to conceive as desired. Interventions can be developed to assist women to maintain a healthy status prior to conception and to prevent unintended conceptions.

CONCLUSION

Programs and interventions to prevent unintended pregnancy and its consequences need to be based on an understanding of what factors enter into the decisions that healthy, mature adults must come to terms with prior to responsibly bearing a child. Themes identified in our study may serve as a basis for educational programs regarding informed sexual and reproductive decision making. These influential factors can help individuals who care for preconceptional women and couples to gain insight into early pregnancy prevention, maternal health, prevention of sexually transmitted diseases, birth outcomes, and child development outcomes.

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