



**Reproductive Health
in Nursing**

**Definitions &
Orienting Facts**

Options Counseling in Unintended Pregnancy and Prevention Care

Definitions

Unintended Pregnancy: An unintended pregnancy is a pregnancy that is mistimed, unplanned, or unwanted at the time of conception.

Early Pregnancy Decision-Making: Refers to the decision-making process that a woman engages in when faced with an unintended pregnancy. Pregnancy options include continuing the pregnancy with the intention to parent, continuing the pregnancy with the intention to adopt, or choosing abortion care.

Options to Pregnancy: A pregnant woman has three options to consider for her pregnancy, which are parenting, adoption, and abortion. If she chooses adoption, she has a choice of open adoption (i.e. having a relationship with the adoptive parents) or closed adoption (i.e. not having a relationship with the adoptive parents) and many options in between. If she chooses abortion she may choose a medication abortion or aspiration abortion depending on how many weeks pregnant she is and what the relevant laws are in her state.

Open Adoption: A type of adoption whereby the biological and adoptive families have varying degrees of access to each other's personal information during the adoption decision and have the option of ongoing contact after the adoption is finalized.

Closed Adoption: A type of adoption whereby no identifying information is shared and there is no contact between the biological and adoptive families.

Induced or Therapeutic Abortion (commonly referred to as "abortion"): An abortion that is brought about intentionally, also called a therapeutic abortion. Medical terminology refers to induced and spontaneous abortion (commonly referred to as a miscarriage).

Medication Abortion: This method of early abortion is currently used up to 63 days of pregnancy in the U.S. The most commonly used regimen includes mifepristone (formerly known as RU486) followed by misoprostol. Generally a woman has an appointment with a provider where she obtains mifepristone and misoprostol. After taking mifepristone in her provider's office, she self-administers misoprostol one to three days later at home. Within a few hours, she has miscarriage with cramping and bleeding that ends the pregnancy.

Spontaneous Abortion (SAB): A miscarriage, or naturally occurring loss of a fetus prior to the 20th week of pregnancy.

Orienting Facts

- The Guttmacher Institute reports that “the average American woman spends about five years pregnant, postpartum or trying to become pregnant, and three decades—more than three-quarters of her reproductive life—trying to avoid an unintended pregnancy.” Guttmacher’s Fact Sheet on *Induced Abortion in the United States* indicates the likelihood of having an abortion rises over the course of a lifetime: 1 in 10 women will have an abortion by age 20, and 1 in 3 will have an abortion by age 45.
- When separating pregnancies into two categories—intended or unintended—we recognize that a number of nuances are ignored and several assumptions are made. For example, not everyone who is capable of becoming pregnant but not using a method of birth control is intending to become pregnant. Many people have an ambivalent stance toward becoming pregnant – not actively seeking or preventing pregnancy. Also, intending or not intending a pregnancy assumes that the pregnant person understands the fundamentals of reproduction, fertility, and how their body works. However, statistics insist that we divide pregnancies into two categories of intended and unintended, and when we do, we find that the numbers are almost perfectly split down the middle: According to Finer and Zolna (2014) and the Guttmacher Institute, about half of pregnancies are considered intended and half are considered unintended.
- Of the unintended pregnancies, we lose the nuance of miscarriages, adoptions, and parenting, but Finer and Zolna (2014) find that about 60% result in birth and 40% result in termination of the pregnancy.
- In a perfect world, it would be easy to become pregnant or to prevent pregnancy with access to ample resources and comprehensive sexuality education. However, the statistics show us that despite the existence of resources and education, they are not always known or accessible to the people who could use them. The following reasons are adapted from Ayoola, Nettleman & Brewer’s (2007) systematic review of reasons for unprotected intercourse in adult women. Read the full article for a more detailed, nuanced and rich discussion of reasons for unprotected intercourse.

Individual/personal reasons

- Side effects
- Procedural issues such as ran out of method
- Low perceived risk of getting pregnant
- Knowledge/attitudeAmbivalence about pregnancy
- Religious beliefs
- Other personal beliefs such as distrust of health care system/ medicines

Interpersonal reasons

- Partner-related: Partner did not want to use contraception or did not want woman to use; uncomfortable discussing contraception with partner; fear of partner's negative reaction
- Family and friends' influence

Societal reasons

- Access issues
 - Quality of clinic visit
 - Cost/insurance
 - Coercion
- The Guttmacher Institute also reports that births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes such as delayed prenatal care, premature birth and negative physical and mental health effects for children.
 - No federal law guarantees adolescents the universal right to consent to confidential reproductive services. The Guttmacher Institute brief, [An Overview of Minors' Consent Law](#), provides background information and includes a chart with laws by state on minors' right to consent without parental permission to contraception, STI, abortion, prenatal care, and medical care for minor's child.

References

Guttmacher. (2016). Fact sheet: induced abortion in the United States. <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

Filmer & Zolna. (2014). Shifts in intended and unintended pregnancies in the United States, 2001-2008. <https://www.ncbi.nlm.nih.gov/pubmed/24354819>

Ayoola, Nettleman & Brewer. (2007). Reasons for unprotected intercourse in adult women. <https://www.ncbi.nlm.nih.gov/pubmed/17439376>