



# “Everyone Should Have Their Own Choice”

## Women Share Their Experiences with Unplanned Pregnancy

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Half of all pregnancies in the United States are unplanned. Women faced with an unplanned pregnancy might consider parenting, adoption, and abortion. Currently, access to abortion is under threat in the United States, with many states implementing bans on abortions using particular methods or after a certain point in pregnancy, bans based on the reason a person is seeking an abortion, and policies designed to force clinics that provide abortions to close. Limiting access to abortion could have significant adverse effects on women who have the common experience of unplanned pregnancy.

We describe the results of in-depth interviews conducted in December 2018 with 26 Survey of Family Planning and Women’s Lives respondents about their experiences with unplanned pregnancy: how they felt when they discovered they were pregnant, what factors they considered when making a decision about the pregnancy, and how unplanned pregnancy influenced their lives. Key findings include the following:

- Though deciding whether to continue or terminate an unplanned pregnancy could be challenging, interviewees emphasized the importance of having choices. Having access to information on their options, presented without judgment, helped some make the decision they felt was right for them.
- Some interviewees could not access birth control, or some other issue prevented them from using it at the time they became pregnant.

- Interviewees considered many factors when deciding how to proceed with an unplanned pregnancy and weighed the importance of these factors differently, based on their personal circumstances. Interviewees considered their financial situation, relationship status, support networks, future plans, mental and physical health, current family size, and ethical and religious beliefs. Some also considered the stigma associated with unplanned pregnancy and abortion.
- Several interviewees faced challenges accessing an abortion, including needing to travel long distances, encountering protestors, being required to view an ultrasound before the procedure, and needing to take time off work for the appointments.
- Unplanned pregnancy significantly affected many interviewees' lives in the short and long terms, whether their pregnancy resulted in abortion, pregnancy loss, or birth.

## Methodology

With support from the National Women's Law Center, Urban Institute researchers conducted 26 in-depth semistructured interviews by phone in December 2018. Urban's Institutional Review Board approved the study. Interviewees understood the voluntary nature of the study and verbally consented to participate.

We selected interviewees for this study from the Survey of Family Planning and Women's Lives (SFPWL), a nationally representative survey of 2,115 women of reproductive age (18 to 44) from NORC's AmeriSpeak consumer panel.<sup>1</sup> The SFPWL provides up-to-date information on women's perceptions of and experiences with birth control and reproductive health.<sup>2</sup>

All interviewees were women who, at the time they participated in the SFPWL in early 2018, reported they had experienced at least one unplanned pregnancy in their lifetime.<sup>3</sup> In the SFPWL, an unplanned pregnancy is defined as "a pregnancy that a woman is not actively trying to have. It could be unintended, a mistake or accident, unwanted, or not at the right time." Additionally, all interviewees self-reported that they had (1) ever experienced an abortion and/or (2) ever visited a crisis pregnancy center (for any reason).<sup>4</sup> Though some interviewees reported on the survey that they had visited a crisis pregnancy center, none of the experiences described in the interviews aligned with our definition of a crisis pregnancy center. Finally, all interviewees reported willingness to be contacted for a follow-up interview. The total sample size of SFPWL participants meeting these study inclusion criteria was 227, and we conducted interviews with 26. We aimed to select interviewees from different regions of the country and with different current insurance types.<sup>5</sup> We chose these selection criteria because we were interested in women's experiences seeking abortions, and we wanted to capture perspectives from women who reported they had visited a crisis pregnancy center (though, as we note, the experiences we heard in interviews did not describe what we define as a crisis pregnancy center in the endnotes). We did not aim to capture a representative sample of all women who had experienced unplanned pregnancy.

The interviewees for this study are a nonrandom, purposively selected sample from the broader SFPWL, and our findings are not intended to be generalizable to all women of reproductive age. The appendix shows descriptive characteristics for the full SFPWL panel, the population eligible for this study's interviews, the population eligible and willing to participate in follow-up interviews, and interviewees. When descriptively compared with the full SFPWL sample, we observe different demographic characteristics among interviewees. A smaller share of interview participants are ages 18 to 25 than among all SFPWL participants, which is expected given that women who are older have had more time to experience an unplanned pregnancy. By definition, all women in the interview sample had experienced an unplanned pregnancy, compared with 66.4 percent of the total SFPWL population, and interviewees were also more likely to report having experienced the other eligibility criteria. Importantly, we cannot assess whether observed differences are statistically distinguishable because of the small sample size of women interviewed.

Throughout this brief, we include quotes from interviewees and some basic information about each one, including their age at the time of the interview and the outcome of their most recent unplanned pregnancy. Though we collected information about current insurance status, we omit that information from the quotes because insurance coverage does not necessarily imply abortion coverage, and coverage may have changed between when a woman experienced an unplanned pregnancy and the time of the survey. Further, many states restrict insurance coverage for abortion in private insurance plans,<sup>6</sup> and only 15 states currently use state funds to cover abortion for Medicaid beneficiaries.<sup>7</sup>

## Findings

When faced with an unplanned pregnancy, 13 of the 26 interviewees said they gave birth with the intention of parenting, 9 had abortions, and 4 experienced pregnancy loss. Of the four who experienced pregnancy loss, three said they had intended to continue with the pregnancy and parent, and one said she intended to seek an abortion. Though two women said they considered adoption, no one we spoke with ultimately chose that option.

In the interviews, we asked women about experiences with their most recent unplanned pregnancy. For some, the experience was as recent as within the last month, and others described unplanned pregnancies that occurred as many as 20 years ago. Though we only specifically asked women to recall their most recent unplanned pregnancy, some also described earlier unplanned pregnancies and the different decisions they made with each one.

**Most interviewees reported they were not using birth control at the time they became pregnant, citing access barriers and lack of awareness of their options. Most were distressed when they learned they were pregnant, and some were not aware they were pregnant until after the second trimester.**

We asked interviewees whether they were taking any measures to prevent pregnancy when they experienced their most recent unplanned pregnancy. Most (17 of 26) said they were not using a US Food and Drug Administration–approved birth control method at the time of their pregnancy.<sup>8</sup> They

cited different reasons for this, including being unaware of their options, not having access to birth control because of cost, or not having access to a clinic (especially for those who were younger at the time of their pregnancy). Some interviewees did not use birth control because of past negative experiences and perceived side effects, because they were ambivalent about contraception, or for some other reason. Nine women said they were using birth control when they became pregnant: four were taking oral contraceptives, three used condoms, one was using a contraceptive ring, and one had undergone tubal ligation.

Most interviewees were distressed when they learned they were pregnant. Sixteen of the 26 interviewees used exclusively negative words to describe their reaction to the pregnancy, such as “depressed,” “terrified,” and “lost.” Seven used neutral words, like “surprised,” or expressed both positive and negative feelings, like “excited but scared.” Three women used exclusively positive words, noting they were “happy” or “excited.” All three of those women intended to continue the pregnancy, though two experienced pregnancy loss.

Two of the women we spoke with said they did not know they were pregnant until after the second trimester, when they already had limited options. One experienced a miscarriage and had not known she was pregnant. The second learned she was pregnant at 32 weeks’ gestation and said she would have considered abortion, but it was not an option at her gestational age, so she continued the pregnancy.

**Most interviewees emphasized that the decision to continue or terminate an unplanned pregnancy depended on their personal circumstances. They considered many factors when making decisions about their unplanned pregnancy. Each weighed the importance of these factors differently and made the decision she believed was best for her at the time.**

As one interviewee asserted:

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*Everyone should have their own choice. That is the whole thing with our beautiful country, where we have our own choice and options and freedom...Nobody knows nobody’s situation, and nobody can tell anybody what to do.*

*—36 years old at the time of the interview; terminated most recent unplanned pregnancy*

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Another interviewee talked about how the decision can depend on changing life circumstances:

“Both my decisions—the one to terminate and the later one to continue an unplanned pregnancy—were exactly what I needed to do for me. It was based on what I needed, not anybody else, and I accept both with positive feelings. Sometimes I felt bad about the decision to terminate, but I don’t know where I’d be otherwise. So in both cases, it was positive.”

—41 years old at the time of the interview; continued with most recent unplanned pregnancy

Interviewees, both those who decided to continue an unplanned pregnancy and those who decided to terminate, considered various factors when making a decision about their pregnancy. Each woman we spoke with perceived her options differently and weighed the considerations in a unique and personal way.

**Financial stability.** Interviewees considered their financial situation and how much they believed they could provide for a child. Some women expressed a desire to offer more to a child than they had during their childhood and did not want to have a child if they couldn’t meet that standard. When discussing financial considerations, women most frequently described the perceived direct cost of raising a child in the near term (e.g., food, clothing, diapers, child care), but some were also concerned about indirect costs, like taking unpaid maternity leave to care for an infant or moving to a larger apartment with enough space for a child. As one woman explained:

“[This country] doesn’t have good maternity leave. You have your baby and you get right back to work. It’s just stressful having small children, and day care is so expensive. And then you don’t even know if you’ll be guaranteed your position after you give birth, so you try to get back right away. It was tough having to choose between [caring for] my child and my job.”

—33 years old at the time of the interview; continued with most recent unplanned pregnancy

**Relationships and support networks.** Interviewees considered whether they were in a stable partnership and would have a reliable, present coparent if they were to continue the pregnancy. Three women said they were in a relationship that was “unstable” or “unhealthy” when they became pregnant, and a fourth was not in a relationship at the time of her pregnancy. Of those four, three chose to terminate the pregnancy and one chose to parent alone. Explaining what it might be like to give birth to a child in a relationship she characterized as unhealthy, one woman said:

“I knew that if I had a baby, I’d be forced to depend on the father, but he wasn’t going to be of much help. He wasn’t going to allow me to pursue my education either. I kind of felt like if I had the baby, me and my baby would be stuck and there’d be pretty much no way out of it.”

—28 years old at the time of the interview; terminated most recent unplanned pregnancy

Interviewees in relationships they perceived as stable tended to feel more favorably about parenting, though several women were concerned that an unplanned birth could negatively affect their relationship; one said she didn’t want to continue with the unplanned pregnancy because she wanted to “keep peace” in her relationship. Women also discussed their broader support networks, and one chose to continue the pregnancy partially because she knew she could rely on her family for assistance with child care and general support.

**Future plans.** Interviewees considered how an unplanned birth might affect their plans and goals. Four women were in high school and three were in college when they became pregnant, and all described feeling conflicted about how parenting would affect their ability to graduate. Of the four women in high school, three chose to terminate the pregnancy, at least partially because they believed having a child would delay or derail them from finishing high school. The high school student who chose to continue the pregnancy said she felt she had no other option, and her parents “made the decision” for her. Of the three in college at the time of their unplanned pregnancies, two had abortions and one decided to parent.

Other interviewees considered how an unplanned birth might affect their career prospects. One interviewee was in her midtwenties, working in a retail job, and considering going back to school to train for a higher-paying profession. She ultimately decided to continue the pregnancy, though she acknowledged the perceived negative impact having a child had on her career trajectory:

“Sometimes I feel sad about having to push aside my dreams. I probably could have done better. I kind of feel like I failed somehow because I’m not as far along as I could be.”

—36 years old at the time of the interview; continued with most recent unplanned pregnancy

**Health status.** Five interviewees described concerns about their physical or mental health that influenced their decisions about whether to continue an unplanned pregnancy. Two women felt mental health issues made them unprepared to parent at the time.

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*I was already depressed and I was thinking, if I can’t overcome depression, how can I become a mother?*

*—23 years old at the time of the interview; terminated most recent unplanned pregnancy*

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One interviewee concerned about her mental health was in recovery for substance use and worried about how her drug and alcohol use during pregnancy might have affected the fetus. She planned to have an abortion and experienced a pregnancy loss before the scheduled procedure. Another woman was concerned about a genetic disorder she carries; she decided to continue the pregnancy but then experienced a pregnancy loss. Some women had experienced difficult pregnancies in the past and wanted to avoid being pregnant and giving birth again because of concerns related to their physical and/or mental health.

**Family size.** Seven interviewees said they considered how a child would affect their family structure. Of those, four decided to terminate the pregnancy partially because they had already reached their desired family size (three women already had children at home, and the fourth did not have children and never wanted them). Three others decided to continue with the pregnancy despite

concerns about how a new sibling might affect children at home (one of the three eventually experienced a miscarriage).

**Stigma.** Interviewees described societal stigma and internal and external pressure to make a particular decision when faced with an unplanned pregnancy—either to have an abortion or continue the pregnancy. Several women said they only shared their experiences with abortion with a therapist, partner, or best friend, and others had not discussed their abortion with anyone at all because they felt they would experience negative judgment. Some said they experienced broken relationships with friends or family because of their decision to have an abortion. Stigma related to abortion seemed to be the more common scenario, but one woman said she felt being a single mother was more stigmatized in her community than having an abortion:

“[I wanted to avoid] the stigma of being another black, single teen mom. It’s a legacy in my family, and I didn’t want to be like them.”

—38 years old at the time of the interview; terminated most recent unplanned pregnancy

**Ethical and religious beliefs.** Four interviewees said they did not consider an abortion because of their religious or ethical beliefs. All four women opposed abortion and felt strongly that they needed to continue the pregnancy, despite concerns about their readiness to parent.

“I was a little upset [when I learned I was pregnant], but life happens. It’s God’s gift...I had sex, so I’m going to have the child. I don’t believe in abortion or anything. I would never want to give it up for adoption either because it’s my child, so I made the decision to be responsible for it.”

—36 years old at the time of the interview; continued with most recent unplanned pregnancy

**When deciding how to proceed, interviewees discussed their options with partners, friends, family, and medical providers. Some decided quickly, but others said it took time to come to the decision that they felt was right for them.**

After becoming aware of the pregnancy, most interviewees discussed their options with their health care providers, partners, and/or mothers (especially those living with their parents at the time of their pregnancy). A few interviewees said they didn’t tell anyone about the pregnancy besides medical providers and keeping the decision a secret was difficult. As one woman said:

“I probably should have talked to somebody. I just kept it to myself, but maybe it would have been good to talk to someone. I just felt like everyone would be so judge-y, so I didn’t say a word. I’m glad [the abortion] was legal and I had a choice and I was able to do it. It would have been horrible if it were illegal and people had to use desperate measures.”

—45 years old at the time of the interview; terminated most recent unplanned pregnancy

Some women were conflicted about their decision—whether it was to continue the pregnancy or seek an abortion—and some felt there were no good options. One woman was surprised to learn she was pregnant when she had a son who had just turned 1 and had complex medical needs, and she quickly realized she could not afford day care for two children. She said under different circumstances, she might have chosen to continue with the pregnancy, but she knew it was not the right decision for

her at the time. She had an abortion but said “the overall experience was emotionally and physically a lot,” and it was a difficult choice:

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*The decision we make is because sometimes we feel like it's the only decision we have...I think it would be unfair for men or anyone to tell a woman what she can or can't do with her body when it's going to be her life, ultimately.*

*—33 years old at the time of the interview; terminated most recent unplanned pregnancy*

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Most interviewees said they decided what to do soon after learning of the pregnancy, but some said they needed time to come to the decision that felt right for them. One interviewee decided to continue the pregnancy because she was morally opposed to abortion but was unsure whether she wanted to parent or place the child for adoption until the eighth month of her pregnancy.

**Having access to information on all their options, presented without judgment, helped some interviewees make the decision they felt was right for them.**

One interviewee said she experienced an unplanned pregnancy when she was a minor and still living at home. She felt her parents and boyfriend each pressured her to make a different decision, and she didn't initially have an opportunity to determine what she thought was best for her. At a hospital visit early in her pregnancy, she met with a social worker who presented her with information about all the available options in a way that felt supportive and nonjudgmental:

“On my second prenatal visit, I met a social worker who gave me all the options about keeping the baby or adoption or abortion. She talked with me about the consequences of each decision and told me to think it over. After that appointment, I made the decision to have an abortion...I was anxious about making a decision, but the social worker made me feel better because she helped me feel like she understood what I was going through.”

—26 years old at the time of the interview; terminated most recent unplanned pregnancy

**Three interviewees who had abortions faced challenges accessing a provider.**

Some women, after deciding to have an abortion, struggled to find a provider they could access without considerable burden. Three women said they had to travel over 90 minutes to access an abortion provider, and all three had to either take time off work or travel on a weekend. One said the abortion provider she accessed was her only choice, and it was difficult to access:

“We only have one abortion provider in [my state]. So I called them and scheduled an appointment, but I had to do it for over a break, because I couldn't go during school. The place was two hours away, so I drove two hours both ways.”

—29 years old at the time of the interview; terminated most recent unplanned pregnancy



Some women were emotionally affected by protesters outside the abortion clinic:

“The protestors freaked me out. They really stand out there with the signs with the dead fetuses and there’s people chanting. It was horrific and really frightening to see that.”  
—40 years old at the time of the interview; terminated most recent unplanned pregnancy

The protestors did not affect that woman’s decision, but she found their presence emotionally disturbing. Another woman also encountered protestors at a clinic but appreciated that the staff had told her what to expect beforehand so she was not surprised.

**Whether they continued their unplanned pregnancy or had an abortion, interviewees described a range of negative and positive impacts of their decision, and none regretted her choice.**

Despite challenges in some cases, no one we spoke with regretted her decision about her unplanned pregnancy, and all women felt they made the choice that was right for them at the time.

Two women who continued with their pregnancies said the experience bolstered their determination to finish high school or college and find a higher-paying job:

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*[Having my daughter] actually improved my life in terms of education and career because she motivates me a lot.*

*—23 years old at the time of the interview; continued with most recent unplanned pregnancy*

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Several women said their experience with unplanned pregnancy helped them become aware of contraceptive options. Some said the experience made them “emotionally stronger” or more in touch with their bodies.

Women who continued their pregnancies also described what they perceived as negative impacts. Among those who decided to continue the pregnancy, five said they had to take time off from school or work, and these decisions had long-term negative impacts:

“I had a scholarship. I had a huge future ahead of me. This child is now my future. This child took the place of all my dreams and my goals and schooling and education...But even though I ended up having two daughters in high school, I took the GED and kept going to school and working.”  
—34 years old at the time of the interview; continued with most recent unplanned pregnancy

“The company frowned at me taking off work to get to my [prenatal care] appointments. I ultimately ended up losing that job in my eighth month of pregnancy.”  
—43 years old at the time of the interview; continued with most recent unplanned pregnancy

One woman added that though she loves her 3-year-old daughter, her depression and anxiety have worsened since her daughter's birth, and she is no longer interested in dating because she thinks it would be too difficult to balance with parenting.

Another said her decision to parent had negatively affected her partnership, which she described as suffering from financial stress and lack of spontaneity she associated with having a young child.

Some women who intended to continue the pregnancy but experienced a pregnancy loss described the emotional difficulty of their experience. One woman said it was difficult to think about even 10 years later. Three of the four women who experienced pregnancy loss had intended to continue the pregnancy and felt upset by the miscarriage for many years.

Some women who chose to continue an unplanned pregnancy said they loved their children and do not regret their decisions, but the experience negatively affected their financial stability, career, relationships, and/or physical and mental health. These anecdotes indicate that an unplanned birth can have adverse effects on different aspects of a person's life and preventing people from accessing abortion could have serious negative impacts on parents and their children.

Women who sought abortions also described a range of positive and negative impacts. For some, the decision was straightforward and did not result in any lasting impact. But the decision was difficult for some women because of perceived stigma, judgment, and pressure from people in their lives and communities, as illustrated by the interviewees who said they still have not discussed their abortion with anyone, even many years later. One woman said her relationship ended because of the abortion, and another said she was ostracized by people she previously considered friends. Another woman said the abortion was difficult at first, but the experience enabled her to become a resource for her friends and others facing decisions around unplanned pregnancy.

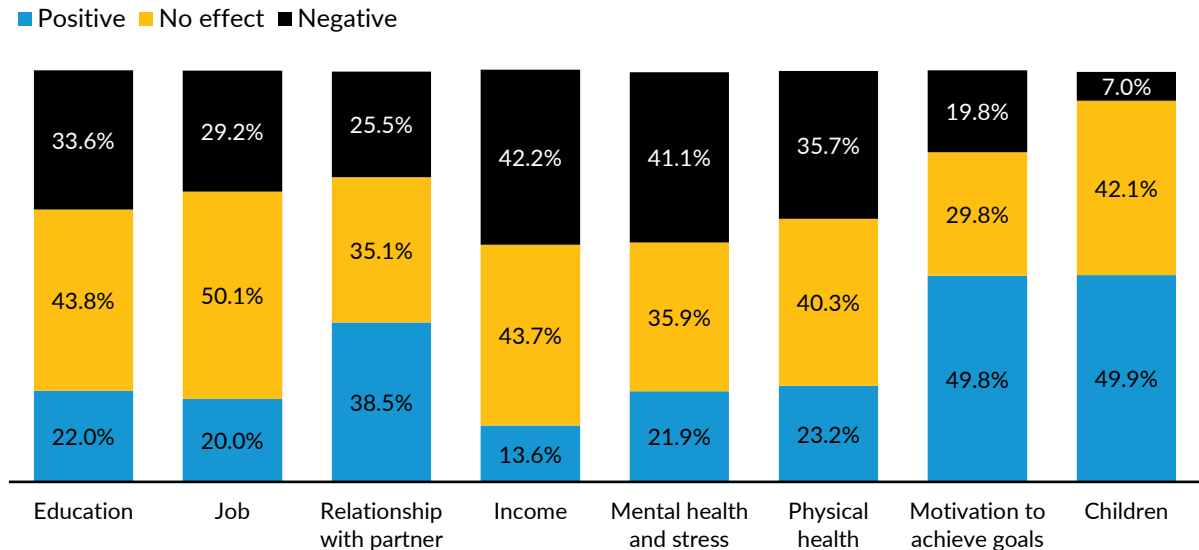
Despite emotional difficulty in some cases, most women who had abortions believed they were generally better off than they would have been if they had chosen to parent. Having control over when they had children, if ever, allowed women to finish high school and college, pursue certain career options, achieve a sense of financial stability, engage in healthy relationships, and maintain emotional and physical health.

### **The findings from this study confirm findings from the SFPWL.**

The findings from our interviews echo some findings from the 2018 SFPWL and emphasize unplanned birth's significant impact on women. The survey asked women who have experienced an unplanned birth to consider how the birth influenced eight areas of their lives. Almost half (49.8 percent) of women who had experienced an unplanned birth said it had a positive impact on their motivation to achieve goals. Women reported mixed results for how their unplanned birth affected their relationship with their partner; about three-quarters of women said it had either a positive or no impact, and a quarter said it negatively affected their relationship. For five other measures, women were more likely to say an unplanned birth had a negative impact than a positive impact. They perceived an unplanned birth as most likely to negatively affect their income (42.2 percent) or their

mental health and stress (41.1 percent). For additional details on the analysis of these survey questions, see Johnston and colleagues (2017).

**FIGURE 1**  
**Share of Women Ages 18 to 44 Perceiving Effects of an Unplanned Birth on Eight Areas of Their Lives, 2018**



**Source:** Survey of Family Planning and Women's Lives 2018.  
**Note:** N = 785.

## Discussion

Most of the women we interviewed about their experiences with unplanned pregnancy said they faced a difficult decision. The decisionmaking process was especially hard for those without supportive partners or families or those who felt they lacked a strong support network. Some women, especially those who were younger at the time of their pregnancy, felt they did not have a solid understanding of the options available to them.

Though deciding whether to continue or terminate an unplanned pregnancy was challenging for many interviewees, they emphasized the importance of having options. Though no one we spoke with was ultimately prevented from getting an abortion she intended to get, some described conditions that could prevent or discourage someone from accessing the procedure. One woman who sought an abortion in 1999 was forced to watch an ultrasound and said the experience was emotionally difficult. Another woman who sought an abortion in 2016 had to travel a considerable distance to access the only abortion provider in her state, which was logistically difficult because of her inflexible work schedule. She had the abortion, as planned, but noted it would have been impossible for someone without reliable transportation or the ability to take a day off work.

Interviewees described decisions about unplanned pregnancy as highly personal and dependent on many factors. Some women experienced multiple unplanned pregnancies and made different decisions each time, based on their changing life circumstances. Most women were not immediately aware of their pregnancy—especially because it was unplanned—and some did not make the decision to continue or terminate their pregnancy until two or more months into their pregnancy. Women thought it was important to be able to make their own decisions, as well as have enough time to consider their options before deciding.

The findings in this brief suggest efforts to restrict access to abortion through bans on method, gestational age, or reason for seeking an abortion or through burdensome requirements for abortion providers could have significant adverse effects on people who experience pregnancy. Interviewees emphasized that the decision if and when to become pregnant and give birth is personal and might change over a person's life. Unplanned pregnancy and birth can have a major influence on a person's life, including her physical and mental health, financial security, relationships, and motivation to achieve goals. These findings underscore the need for people to have comprehensive access to safe and affordable reproductive health care, including effective contraceptive care, abortion, and information about all their pregnancy options—abortion, adoption, and parenting—to make informed decisions.

# Appendix A. Survey of Family Planning and Women's Lives Participants

**TABLE 1**

**Descriptive Characteristics of Survey of Family Planning and Women's Lives Participants, by Eligibility for and Participation in Interviews**

	All Women N = 2,115		All Women Eligible for Follow-Up Interviews N = 353		Subset of Women Eligible for Follow-Up Interviews Who Agreed to be Contacted N = 227		Women Interviewed N = 26	
	Count	% <sup>a</sup>	Count	%	Count	%	Count	%
<b>Number of children</b>								
Given birth to no children	141	9.7	67	19.0	44	19.4	6	23.1
Given birth to one child	378	26.0	81	23.0	48	21.2	5	19.2
Given birth to two children	449	30.9	85	24.1	53	23.4	6	23.1
Given birth to three or more children	479	33.0	120	34.0	82	36.1	9	34.6
<b>Insurance coverage</b>								
Insured	1,790	84.6	308	87.3	204	89.9	23	88.5
Uninsured	325	15.4	45	12.8	23	10.1	3	11.5
<b>Insurance type<sup>b</sup></b>								
Commercial <sup>c</sup>	1,304	61.7	192	54.4	125	55.1	14	53.8
Medicare	67	3.2	22	6.2	18	7.9	3	10.3
Medicaid/other state	346	16.4	78	22.1	53	23.4	6	23.1
Other	73	3.5	16	4.5	8	3.5	0	0.0
<b>Age</b>								
18–25	340	16.1	32	9.1	21	9.3	1	3.8
26–34	907	42.9	148	41.9	98	43.2	13	50.0
35–44	868	41.0	173	49.0	108	47.6	12	46.2
<b>Region</b>								
Northeast	297	14.0	48	13.6	31	13.7	2	7.7
Midwest	527	24.9	81	23.0	58	25.6	8	30.8
South	772	36.5	130	36.8	74	32.6	10	38.5
West	519	24.5	94	26.6	64	28.2	6	23.1
<b>Education</b>								
Less than a high school degree	143	6.8	23	6.5	14	6.2	0	0.0
High school graduate or equivalent	330	15.6	54	15.3	37	16.3	4	15.4
Some college	808	38.2	169	47.9	106	46.7	15	57.7
College degree or higher	834	39.4	107	30.3	70	30.8	7	26.9
<b>Unplanned pregnancy</b>								
One or more unplanned pregnancies	1,007	69.4	353	100.0	227	100.0	26	100.0

	All Women N = 2,115		All Women Eligible for Follow-Up Interviews N = 353		Subset of Women Eligible for Follow-Up Interviews Who Agreed to be Contacted N = 227		Women Interviewed N = 26	
	Count	% <sup>a</sup>	Count	%	Count	%	Count	%
<b>Abortion and crisis pregnancy center history</b>								
Has experienced abortion	338	16.7	294	84.0	186	82.7	20	76.9
Received abortion services at Planned Parenthood or other family planning clinic	100	13.0	100	46.1	67	45.6	6	23.1
Visited a crisis pregnancy center	93	11.9	93	39.1	65	43.1	9	34.6

**Source:** Survey of Family Planning and Women's Lives 2018.

**Notes:** All responses are from January–February 2018. Because of missing data, counts for some categories do not add up to the sample N.

<sup>a</sup> Percent values are unweighted.

<sup>b</sup> Each woman is assigned a single coverage type using a hierarchy in the order presented in the table.

<sup>c</sup> Commercial coverage includes employer-sponsored insurance, private nongroup insurance, and insurance through the military.

In this appendix, we present select descriptive characteristics for the full SFPWL sample, which is nationally representative when weighted ( $N = 2,115$ ), as well as the following subsets: women who met the inclusion criteria for this study ( $n = 353$ ), women who met the inclusion criteria *and* consented to be contacted for follow-up interviews ( $n = 227$ ), and the women we interviewed for this brief (those who met the inclusion criteria, consented to be contacted, and agreed to participate when we called;  $n = 26$ ). Considering how these groups may differ helps identify types of women who may not have been well represented in our interview sample and any possible commonalities among eligible women who did not consent to being contacted.

When descriptively compared with the full sample of women who met our study criteria, a greater share of interviewees reported being ages 26 or older and having more education than a high school degree. Thus, younger women and women with relatively lower educational attainment were not represented in our sample, though they existed in the group of women eligible for the study. Women in our sample were also less likely to live in the Northeast, compared with the broader group of eligible women.

The relatively high share of interviewees who reported being ages 26 or older is likely attributable to the inclusion criteria. As noted, women were only eligible to be interviewed if they had experienced an unplanned pregnancy, and the older a woman is, the more time she has had to experience an unplanned pregnancy. For other characteristics, such as region, observed patterns may owe to chance.

To understand different experiences with unplanned pregnancy, we aimed to interview women representing a range of circumstances. For most dimensions, except for the age, education level, and

geographic factors described above, our sample did not differ from the full group of eligible women. Additionally, we wanted to assess whether eligible women who consented to being contacted for an interview ( $n = 227$ ) differed from the full group of eligible women ( $n = 353$ ). These groups appear similar, indicating women willing to be interviewed are not systematically different from those unwilling to be interviewed.

Finally, unsurprisingly, interviewees' characteristics differ from those of the full SFPWL population. The interview group was purposively selected to capture particular experiences with unplanned pregnancy, so by definition, the interview participants differ from the full survey population.

## Notes

- <sup>1</sup> NORC at the University of Chicago developed the AmeriSpeak Panel, a nationally representative panel of the US population. More information is available at <https://amerispeak.norc.org/Pages/default.aspx>.
- <sup>2</sup> Urban Institute researchers developed the Survey of Family Planning and Women's Lives, which is funded by the William and Flora Hewlett Foundation. To learn more about the survey and its methodology, see Shartzter and Johnston (2016).
- <sup>3</sup> The SFPWL does not ask participants to disclose their gender identity. This brief uses the term "women" as shorthand for the interview participants, but we do not have data to confirm each interviewee's gender identity. We recognize cisgender women are not the only people who experience unplanned pregnancy; for example, some transgender men and gender-nonconforming people also experience unplanned pregnancy.
- <sup>4</sup> A crisis pregnancy center is an organization that offers resources for pregnant women but counsels against abortion. The 2018 SFWPL asked participants if they "ever visited a pregnancy resource center, also known as a crisis pregnancy center." Though 10 interviewees indicated they had visited a crisis pregnancy center, the experiences they described did not match our definition of a crisis pregnancy center, which is an organization seeking to intercept women with unintended, or "crisis," pregnancies who might be considering abortion.
- <sup>5</sup> An additional 126 women reported they had experienced at least one unplanned pregnancy and an abortion, received abortion services at Planned Parenthood or another family planning clinic, or visited a crisis pregnancy center but were not willing to be contacted for a follow-up interview.
- <sup>6</sup> "Restricting Insurance Coverage of Abortion," Guttmacher Institute, updated August 1, 2019, <https://www.guttmacher.org/state-policy/explore/restricting-insurance-coverage-abortion>.
- <sup>7</sup> "State Funding of Abortions under Medicaid," Henry J. Kaiser Family Foundation, June 21, 2019, <https://www.kff.org/medicaid/state-indicator/abortion-under-medicaid/>.
- <sup>8</sup> "Birth Control," US Food and Drug Administration, March 6, 2018, <https://www.fda.gov/consumers/free-publications-women/birth-control>.

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