To the magnificent results of two very intended pregnancies –
and to the one who made it all possible
AKNOWLEDGEMENTS

I would like to thank my Chair, Jane Banaszak-Holl, for her wisdom, encouragement, and patience. My experience as a doctoral student was greatly enhanced by Jane’s willingness to take me on as an advisee mid-course. I would also like to recognize the contributions of my other Committee members: Paula Lantz, Tom Reischl, and Jennifer Barber. No one has taught me more about research methods than Kathy Welch. Kathy’s guidance through the world of hierarchical linear modeling resulted in a renewed sense of methodological competence, while simultaneously providing a clear and constant reminder to always check with a statistician.

I was also fortunate to be exposed to a number of outstanding mentors in teaching: Tim Johnson, Rich Lichtenstein, Lisa Kane-Low, and Lisa Martin. These educators are strong examples of equal passion for both subject matter and the success of their students. I have been similarly inspired by the enthusiasm and intelligence of so many of my students. My interactions with these young scholars will undoubtedly continue to inspire my career in teaching.

I would also like to thank those who encouraged my career in public health early on. Alma Berson and the late Sol Levine were instrumental in orchestrating my introduction to the field. Working for Peter Jacobson allowed me to envision a future in behavioral health policy. In particular, Leslie Tarr Laurie insured that I was cognizant of issues in women’s reproductive health from birth. Leslie’s work in providing a range of
high-quality health services and interventions to those in greatest need continues to inspire.

I am deeply grateful to my friends for their unrelenting support. Throughout this process Ann Arbor has become my home and I couldn’t create a more ideal neighborhood than the 1600 block of Brooklyn Avenue. I count among many remarkable friends Anne Leo, Jean Song, Lauren Wichterman, Anuja Rajendra, Linda Levy, Ali Reingold, and Melissa Greenhawt. In addition, Colin Smith and my colleagues on the Park Advisory Commission have provided me with an outlet for meaningful engagement with the community. I would be remiss if I also did not thank the many fabulous teachers who have cared so deeply for my children. Without the knowledge that they were in a loving and stimulating environment, I would never have been able to focus on my own endeavors.

My parents, Ellen and Mark Berson, have encouraged my academic career every step of the way. They not only have provided me with profound love and support, but have allowed me to find my own career path. My husband’s parents, Myrna and Joe Grand, have been a tremendous source of emotional support, in addition to providing invaluable hours of childcare. I am also grateful for my brothers, Steve and Mike Berson, my sister-in-law Sarah Berson, brother-in-law Jon Grand, and niece Norah Berson. Finally, I continue to be blessed by the presence of three strong women: my grandmother Shirley Gordon, as well as my adopted grandmothers Etta Schiller and Freda Grand.

Most importantly, I want to thank my husband David Grand and our truly amazing children Maddie and Sam. David has been a constant source of love, friendship, and joy in my life. I would never have made it to this point without his support and
patience. This process has taken considerably longer than anticipated, but the reasons behind those breaks are infinitely more important than any credential or piece of paper. I am continually astonished by my children’s energy, sweetness, and intelligence. Any accomplishment in the last six years is ultimately for and because of them.
# TABLE OF CONTENTS

Dedication.................................................................................................................. ii  
Acknowledgments....................................................................................................... iii  
List of Tables................................................................................................................. ix  
Abstract ....................................................................................................................... xi  

Chapter  
I. Introduction.............................................................................................................. 1
   History of Measurement........................................................................................ 3
   Dissertation Structure......................................................................................... 4
II. Literature Review.................................................................................................... 7
   Pregnancy Intention........................................................................................... 8
      Impact of Unintended Pregnancies................................................................. 8
      Measurement.................................................................................................. 12
   Patient Satisfaction............................................................................................ 14
      Satisfaction with Prenatal Care................................................................. 16
   Life Course Perspective..................................................................................... 17
      Pregnancy and the Life Course................................................................. 18
III. Paper One - Satisfaction with Prenatal, Labor and Delivery Care:  
    Does Pregnancy Intention Matter among Medicaid-eligible Women?.............. 24
       Research Questions and Hypotheses.......................................................... 25
       Data and Measurement............................................................................. 28
          Survey Population.................................................................................... 28
          Measurement........................................................................................... 29
       Dependent Variables: Global Satisfaction Measures......................... 29
       Dependent Variables: Specific Measures of Satisfaction..................... 30
       Pregnancy Intention................................................................................... 32
       Socio-demographic Controls................................................................... 32
       Quality of Care Measures......................................................................... 33
       Analysis........................................................................................................ 34
       Results........................................................................................................... 35
          Global Satisfaction with Prenatal Care and the  
          Prenatal Care Provider............................................................................ 35
          Satisfaction with Specific Aspects of Prenatal Care......................... 36
          Labor and Delivery Care......................................................................... 36
       Discussion..................................................................................................... 37
          Limitations................................................................................................. 40
          Conclusion................................................................................................ 41
IV. Paper Two - The Effect of Pregnancy History and Age of Conception  
    on Pregnancy Intention: Predictors of Intentionality throughout the  
    Reproductive Life Course................................................................................. 51
Research Questions and Hypotheses ........................................... 52
Data and Measurement ............................................................... 55
  Dependent Variable – Pregnancy Intention ............................. 56
  Independent Variables – Socio-demographic Variables... 56
  Independent Variables – Pregnancy History .......................... 57
Analysis .................................................................................... 58
Results ..................................................................................... 63
  Model 1: Socio-demographic Variables and
  Pregnancy Intention ............................................................... 63
  Model 2: Pregnancy History and Pregnancy Intention ...... 64
  Models 3 and 4: Pregnancy History, Pregnancy Intention,
  and Interaction Terms ........................................................... 65
  Models 5-8: Pregnancy History and Pregnancy Intention
  by Categorical Age of Conception ......................................... 66
Discussion ............................................................................... 66
  Models 1 and 2 ....................................................................... 67
  Models 3-8 ........................................................................... 69
  Policy Implications ............................................................... 71
  Limitations .......................................................................... 73
Conclusion ................................................................................ 74

V. Paper Three: The Effect of Pregnancy Intention, Pregnancy History,
and Age at Conception on the Utilization of Pregnancy Prevention Services:
Impact on Post-Pregnancy Contraceptive Use and Tubal Sterilization... 84
  Research Questions and Hypotheses .................................... 86
  Data and Measurement .......................................................... 89
  Dependent Variables – Contraceptive Use in the Interval
  between Pregnancies and Post-Pregnancy Tubal
  Sterilization .......................................................... 89
  Independent Variables – Socio-Demographic
  and Pregnancy History ......................................................... 90
Analysis .................................................................................... 91
Results ..................................................................................... 94
  Utilization of Contraception during the Interval
  between Pregnancies ........................................................... 94
  Post-Pregnancy Tubal Sterilization ......................................... 97
Discussion ............................................................................... 99
  Utilization of Contraception during the Interval
  between Pregnancies ........................................................... 99
  Post-Pregnancy Tubal Sterilization ......................................... 101
  Limitations .......................................................................... 104
Conclusion ................................................................................ 107

VI. Conclusion ........................................................................... 120
  Motivation for Research ........................................................ 120
  Summary of Empirical Research Findings ............................ 122
  Contributions to the Pregnancy Intention Literature .......... 124
  Policy Implications ............................................................... 127
Directions for Future Research ................................. 128
Bibliography ................................................................. 130
LIST OF TABLES

Chapter III
Table 3.1: Demographic Characteristics of the Sample according to Pregnancy Intention Status of Most Recent Birth .................43
Table 3.2: Odds Ratios from Multinomial Logit Regression Assessing the Association between Pregnancy Intention and Global Satisfaction with Prenatal Care Provider .......................................................... 44
Table 3.3: Odds Ratios from Multinomial Logit Regression Assessing the Relationship between Pregnancy Intention and Satisfaction with Prenatal Care Provider Communication ...........................................45
Table 3.4: Odds Ratios from Multinomial Logit Regression Assessing Associations between Pregnancy Intention and Satisfaction with Perceived Personal Control during Labor and Delivery ..................46

Chapter IV
Table 4.1: Percentage of Pregnancies According to Pregnancy Intention Status, Socio-Demographic Characteristics and Age of Conception ............... 76
Table 4.2: Percentage of Pregnancies According to Pregnancy Intention Status, Pregnancy History (Prior Intention and Outcomes), and Age of Conception ... 79
Table 4.3: Fixed Effects of Pregnancy History and Socio-Demographic Factors on Pregnancy Intention ................................................................. 80
Table 4.4: Fixed Effects of Pregnancy History and Socio-Demographic Factors With Interaction Terms on Pregnancy Intention ........................................ 81
Table 4.5: Fixed Effects of Pregnancy History and Socio-Demographic Factors on Pregnancy Intention Separated by Categorical Age of Conception .......... 82

Chapter V
Table 5.1: Percentage of Pregnancies According to Utilization of Contraception during the Interval between Pregnancies, Socio-Demographic Characteristics, and Age of Conception ..................... 108
Table 5.2: Percentage of Pregnancies According to Post-Pregnancy Tubal Sterilization, Socio-Demographic Characteristics, and Age of Conception ... 111
Table 5.3: Fixed Effects of Socio-Demographic Factors, Pregnancy Intention, and Pregnancy History on Utilization of Contraception during the Interval between Pregnancies ......................................................... 114
Table 5.4: Fixed Effects of Socio-Demographic Factors, Pregnancy Intention, and Pregnancy History with Interaction Terms on Utilization of Contraception during the Interval between Pregnancies ........................................... 115
Table 5.5: Fixed Effects of Socio-Demographic Factors, Pregnancy Intention, and Pregnancy History on Post-Pregnancy Tubal Sterilization ................. 116
Table 5.6: Fixed Effects of Socio-Demographic Factors, Pregnancy Intention, and Pregnancy History with Interaction Terms on Post-Pregnancy Tubal Sterilization ................................................................. 117
Table 5.7: Fixed Effects of Socio-Demographic Factors, Pregnancy Intention, and Pregnancy History on Utilization of Contraception during the Interval between Pregnancies Separated by Categorical Age at Conception................................................................. 118
Table 5.8: Fixed Effects of Socio-Demographic Factors, Pregnancy Intention, and Pregnancy History on Post-Pregnancy Tubal Sterilization Separated by Categorical Age at Conception................................................................. 119
ABSTRACT

The promotion of planned pregnancies has long been a goal of women’s reproductive health researchers and advocates within the United States. However, almost half (49%) of all pregnancies in the U.S. are unintended (Finer and Henshaw, 2006). The goal of this research is to increase understanding of intentionality, from expanding upon established antecedents of pregnancy intention to examining the effect of pregnancy intention on the utilization and evaluation of reproductive health services.

The first study examined the relationship between pregnancy intention and satisfaction with prenatal and hospital-based labor and delivery care. Results revealed that women with unwanted pregnancies were more likely to report lower satisfaction with their prenatal care provider, their provider’s communication skills, and with their perceived sense of control during labor and delivery.

The second study examined the potential for pregnancy history as an antecedent of pregnancy intention in a nationally representative sample of women ages 15-44. Separate analyses were further conducted to examine if these hypothesized relationships changed as women aged. Pregnancy history, in particular a history of prior unwanted pregnancy, was found to be significantly associated with an increased likelihood of subsequent unintended pregnancies. Conversely, women with a history of younger age at first pregnancy and/or pregnancy loss were less likely to report their pregnancies as unintended. When analyzed separately by age group, the relationship between pregnancy history and pregnancy intention were generally strongest for women ages 30-44.

The final study tested the relationship between pregnancy intention, pregnancy history, and the utilization of pregnancy prevention services, specifically utilization of
contraception during the interval between pregnancies and the election of post-pregnancy tubal sterilization. Pregnancy history was found to be significantly associated with the contraceptive use. Women who first became pregnant before age 30 were more likely to utilize contraception in the pregnancy interval, while a history of both unwanted pregnancy and pregnancy loss were negatively associated with this outcome.

The relationship between pregnancy history, pregnancy intention, and the evaluation and utilization of reproductive health services, further complicated by influence of age, supports the view of intentionality as a complex and potentially influential construct.