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LETTER TO THE EDITOR

Reproductive Life Planning and Patient-Centered Care: Can the Inconsistencies be Reconciled?

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To the Editor

In a recent commentary published in the *Maternal and Child Health Journal*, Morse and Moos make the case that reproductive life planning (RLP) is a valuable approach to supporting women's reproductive goals and preferences that should be more broadly implemented in clinical settings (Morse and Moos 2018). Recognizing the limitations of the public health ideal of "pregnancy planning," in that it does not resonate with the reality of many women's lives, they argue that RLP counseling can be conducted in a patient-centered manner by acknowledging women's diverse views on future pregnancies, including ambivalence.

We wholeheartedly agree with Morse and Moos that a paradigm shift to an evidence-based, patient-centered approach to counseling regarding women's feelings and desires about future pregnancy is needed to ensure equitable and respectful care. Data to inform which specific elements of counseling and language can best capture the diversity of women's preferences and needs are limited. However, we believe that the limited evidence available suggests several important inconsistencies between the RLP framework put forth by Morse and Moos and the elements of inclusive patient-centered counseling.

As recognized by the authors, recent data have called into question the assumption that women's choices and behaviors are reflective of timing-based intentions or plans about when to become pregnant (Aiken 2015; Aiken et al. 2015; Borrero et al. 2015; Zabin 1999). These data suggest that eliciting women's emotional orientations and preferences regarding a potential pregnancy (i.e. how important it is to them to prevent pregnancy and how they would feel if they became pregnant) may actually be more relevant and patient-centered (Aiken et al. 2016; Callegari et al. 2017). In seeming contradiction, however, the RLP questions proposed by Morse and Moos in Tables 1 & 2 in their manuscript still appear limited to assessing women's and men's timing-based intentions and plans.

Furthermore, Morse and Moos acknowledge the potential for the RLP framework to create harm from an equity and reproductive justice perspective, given that structural factors in women's lives may render such planning irrelevant or unattainable. However, RLP as proposed still includes the premise that "every woman who is capable of having a child should have a reproductive life plan" and aims to provide "a structure to help women and men recognize that they *can* make active choices around pregnancy, if that is

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their preference." We are concerned that this continued emphasis on individual responsibility, without explicit recognition of structural inequities, could preserve space for shaming or blaming of women who do not adhere to normative plans and perpetuate the stigma surrounding unintended pregnancy.

Ultimately, we believe it is worth considering whether it will be possible to achieve a paradigm shift in clinical practice with continued use of "life planning" language. We fear that language that continues to highlight life planning, even if presented in a patient-centered manner, will result in failure to reach many women. In a 2016 commentary in the *American Journal of Obstetrics & Gynecology*, we proposed an alternative framework of patient-centered reproductive goals counseling or assessment (Callegari et al. 2017). While we recognize that "goals" may carry some of the same limitations as "plans," this shift could represent an initial step towards accommodating a broader range of women's preferences and needs. We support Morse and Moos' efforts in "raising the questions" and join their call for additional research that can provide a better evidence base to guide clinicians in conducting these important conversations, which hold potential to empower but also to alienate women.

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Compliance with Ethical Standards

Conflict of interest None.

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