



Background

- More than half (55%) of all pregnancies in New York are unintended
- Less than one quarter (24.5%) of women who give birth discuss preconception care with a health care worker prior to pregnancy
- Only 4% of low-income women begin folic acid before they become pregnant
- Pregnancies that are unintended or that occur without preconception care experience worse maternal and infant outcomes
- Pregnancy intention (PI) screening, sometimes called a “contraceptive vital sign,” is a strategy to prevent unintended pregnancy and promote healthy pregnancy
- By routinely asking about reproductive plans, clinicians can direct women to appropriate contraceptive or preconception care

AIM

To increase the identification of pregnancy intention for female patients aged 15-44 at one clinical site by 20% over 3 months, through implementation of a PI screening tool and standardized workflow

- Introduce standardized PI screen
- Train clinic staff
- Monitor staff satisfaction related to clinic workflow

Plan

- 148 charts sampled from the first quarter of 2018 were reviewed for baseline data
- 35% of vital signs flowsheets recorded some information about PI
- 95% of those represented requests for contraception
- After reviewing literature on PI screening, we selected a single-item pregnancy intention tool (adapted from *One Key Question*)

Would you like to become pregnant in the next year?
Yes / No / OK Either Way / Unsure

Figure 1. Single-item pregnancy intention screen and responses

Do

- Women aged 15-44 who registered for a Gyn visit were screened for PI during the vital signs process
- Initial workflow recording responses on paper yielded low compliance (20%)
- In subsequent cycles, we developed and employed a text macro (acronym) to insert the screening tool text into the “complaint” field in the vital signs flowsheet
- Clinic staff were trained on use of the macro

The screenshot shows a portion of a medical flowsheet. The 'Complaint' field is highlighted in yellow and contains the text: 'Pt. States for Annual Visit. (Ages 15-44) Would you like to become pregnant in the next year (responses include: yes / no / unsure /ok either way)? YES'. Other fields visible include 'Blood Pressure', 'Temperature', 'Point-of-Care Testing/PPD', and 'Pain Assessment'.

Figure 2. Screenshot of PI macro used in section of flowsheet

Study

- Samples of charts (n=420) were audited for 1) use of the standardized PI tool and 2) any notation of reproductive plans, without use of the PI tool
- Formal PI screening was present in 100 flowsheets (23.8%) and an additional 130 flowsheets (31%) noted some information about pregnancy plans, without employing the formal PI tool
- PI screening rate increased over time

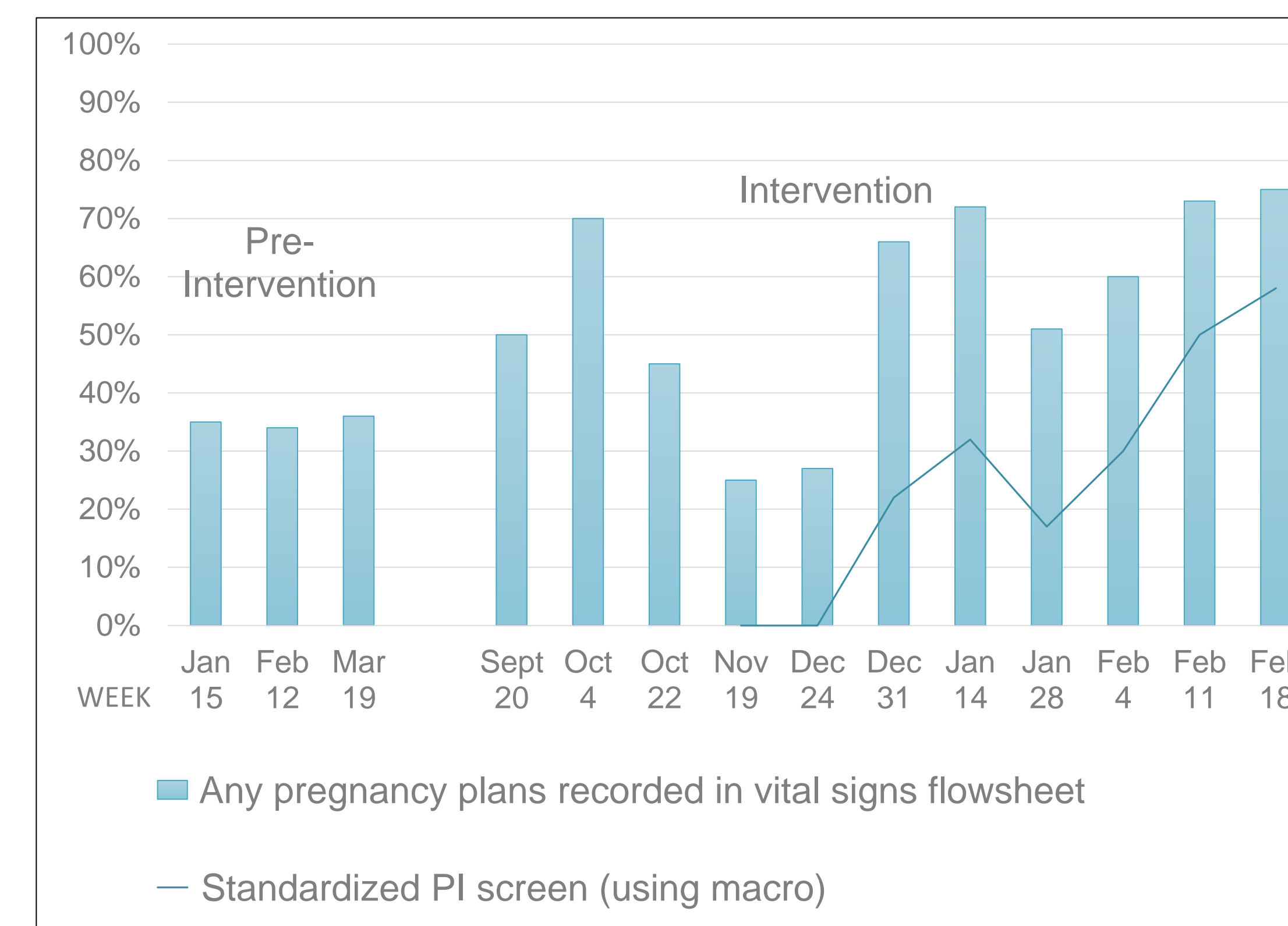


Figure 3. Documentation of pregnancy intention in vital signs flowsheet

- Among patient not screened for PI, 5% volunteered a desire for pregnancy
- Of patients screened for pregnancy intention, 18% desired or were open to pregnancy within the next year
- In surveys, 75% of clinicians reported that PI screening increased how often they discussed contraception or preconception care; 75% of endorsed that PI screening was helpful to clinic workflow

Act

- Implementation of a standardized PI screen increased the assessment of patient’s reproductive needs at our site
- Surveys found PI workflow acceptable to staff and helpful to clinicians
- Screening identified significantly more women with plans to become pregnant, suggesting an opportunity to focus on improving pre-conception care
- Based on these findings, we have requested to add a dedicated PI field to the gyn vital signs flowsheet in the EHR
- Next steps include tracking key clinical measures to assess whether PI screening affects the number of patients who initiate contraception or pre-conception care
- Consider expanding PI screen to other outpatient settings to reach a broader population, especially women with chronic conditions at increased risk for pregnancy complications

References

- Gavin L, Moskosky S, Carter M, et al. Providing quality family planning services: recommendations of CDC and the US Office of Population Affairs. *MMWR*, 2014, 63: RR-04.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
- HK and Hunter MS. One Key Question: Preventive reproductive health is part of high quality primary care. *Contraception*, 2013, 88:3–6
- Schwarz EB, Parisi S, Fischer G, et al. Effect of a “contraceptive vital sign” in primary care: a randomized controlled trial. *Contraception*, 2010;82:183–216

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