



## One Key Question: Integrating Preventive Reproductive Health into Primary Care

The Oregon Foundation for Reproductive Health (OFRH) proposes to **improve the availability of reproductive health services** by establishing a new standard in primary care to screen women for their pregnancy intentions. The One Key Question project encourages primary care clinicians to ask women of reproductive age “Would you like to become pregnant in the next year?” Those who answer “yes” would be offered counseling and screenings to ensure a pregnancy is as healthy as possible. Those who answer “no” would be offered contraception options to make sure they are using a method that meets their needs. By screening women for their pregnancy intentions, primary care clinicians can *proactively* offer preconception and contraception services and better meet women’s health care needs.

### Unintended pregnancy

**In Oregon, 49% of all pregnancies are unintended.**<sup>1</sup> National data show that unintended pregnancy rates are higher in communities of color and low-income communities. About 69% of pregnancies in African American women and 54% in Hispanic women are unintended, compared to 40% in white women.<sup>2</sup> For women living below the poverty level, 62% of pregnancies are unintended, compared to 38% for women with more resources.<sup>2</sup> Unintended pregnancies lead to worse health outcomes for infants and women, including delayed prenatal care and an increase in preterm birth and infant death.<sup>3</sup> Women with unintended pregnancies experience increased rates of depression, anxiety and abuse, as well as derailment of their education and work plans.<sup>3</sup> An unintended pregnancy can put families into financial crisis, and children born from these pregnancies have higher rates of abuse and neglect.<sup>3</sup> One reason for the high rates of unintended pregnancy is the fragmentation of women’s health care; reproductive health services are not always available in primary care clinics.

### Need for contraception in primary care

There has been no significant change in overall rates of unintended pregnancy since 1994, although the rates among for poor and low income women have risen by 50% and the rates for higher income women have dropped 29%.<sup>1</sup> According to the 2002 cycle of the National Survey of Family Growth, 83% of women age 15-44 have had at least one male sexual partner in the past year,<sup>4</sup> yet only 41% state they received any contraceptive services from a health provider in the past year, and **only 19% of them received contraceptive counseling.**<sup>5</sup> In July 2011, the Institute of Medicine recommended that insurers

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<sup>1</sup> Pregnancy Risk Assessment and Monitoring Survey (PRAMS), Oregon Public Health Division 2008

<http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/prams/Pages/9899q1list.aspx>

<sup>2</sup> Finer LB and Zolna MR, Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception*, 2011, 84(5):478–485.

<sup>3</sup> Gipson JD, Koenig MA, Hindin MJ. The Effects of Unintended Pregnancy on Infant Child and Parental Health: A Review of the Literature. *Studies in Family Planning* 2008; 39[1]: 18–38

<sup>4</sup> National Health Statistics Reports Number 36 March 3, 2011

<sup>5</sup> Frost JJ Trends in US Women’s Use of Sexual and Reproductive Health Care Services, 1995–2002 *American Journal of Public Health* | October 2008, Vol 98, No. 10

should fully cover the costs for all contraceptive methods approved by the Food and Drug Administration (FDA), as well as for education and counseling.<sup>6</sup> The New England Journal of Medicine recently published a call for a meaningful response to the IOM recommendations, stating that “primary care practices and patient centered medical homes must prioritize contraceptive care. ... Electronic decision support may also be useful in identifying women at risk for unintended pregnancy and ensuring that contraceptive counseling is provided in a timely manner.”<sup>7</sup>

#### Need for preconception care in primary care

Preconception care refers to any screenings, counseling or interventions a woman receives before she conceives a pregnancy in order to optimally prepare for that pregnancy. Preconception care gained national attention in 2006 when the CDC published its proceedings of the Preconception Health and Health Care Clinical, Public Health, and Consumer Workgroup. One of their four goals is to “Assure that all women of childbearing age in the United States receive preconception care services (i.e., evidence-based risk screening, health promotion and interventions) that will enable them to enter pregnancy in optimal health”.<sup>8</sup> Most of the determinants of a pregnancy outcome are present long before their first prenatal visit, and issues such as chronic disease control, minimization of toxic exposures and folic acid supplementation must occur during the pre-pregnancy or interpregnancy interval in order to impact birth outcomes. Prenatal care is, for the most part, a program of surveillance; in contrast, preconception care offers an avenue for the primary prevention of many poor pregnancy outcomes.

**We propose that if women are screened for their pregnancy intentions as a routine part of primary care, there will be a standard mechanism to offer preconception care and contraception. This will likely decrease unintended pregnancies and improve the health of wanted pregnancies.**

For more information, please contact:

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<sup>6</sup> Institute of Medicine. Clinical preventive services for women: closing the gaps. Washington, DC: National Academies Press, 2011.

<sup>7</sup> Pace LE, Cohen L, Schwarz EB Contraception in Primary Care — Embracing the Institute of Medicine Challenge *N Engl J Med* 365;25 December 22, 2011

<sup>8</sup> CDC/ATSDR Preconception Care Workgroup and the Select Panel on Preconception Care. Recommendations for improving preconceptional health and health care: United States: A report of the CDC/ATSDR Preconception Care Workgroup and the Select Panel on Preconception Care. *MMWR* 2006;55:1–23.