

ONE KEY QUESTION®

An initiative of the
Oregon Foundation for Reproductive Health

Benchmark # 4

Inter-birth Intervals



- **Measure Type:** Outcome
- **What is measured:** Of post-partum women who do not plan to become pregnant in the next year, the % who are using birth control
- **Schedule:** 6, 18 months
- **Improvement:** Increase in the use of birth control

Tell us your experience




- How do you ask women about family planning needs?
- How do you communicate about health birth spacing and healthy pregnancies?
- What do you say/do when a woman is at high risk for another pregnancy that may not be in her or her family's best interest?

Oregon Foundation for Reproductive Health



VISION

Pregnancies should be wanted, planned
and as healthy as possible



The average American woman desires 2 children,
but she is fertile for about 39 years.

**Most women spend more than 30 years of their lives
trying to prevent an unintended pregnancy every
month.**

They spend the remainder of those years trying to have
as healthy a pregnancy as possible.

The problem



- What percentage of the 47,000 births in Oregon in 2009 were the result of unintended pregnancies?

49%

- How many induced abortions occurred in Oregon in 2009?

10,800

- **More than 34,000 unintended pregnancies in Oregon each year**

- **BONUS:** What percent of Oregon deliveries in 2008 were paid for by OHP/Medicaid?

48%

Unintended pregnancy



- Associated with health problems for both mother and infant
 - ▣ Preterm birth, low birth weight, increased infant mortality, inadequate nutrients for fetus
- Associated with negative parenting styles, higher risk of child abuse, higher risk of placement in Child Protective Services
- Associated with increased depression, anxiety and physical abuse for mother, as well as diminished sense of well-being.

The problem



- Most unintended pregnancies are unwanted or mistimed, and most of those could be **prevented** with better access to contraception
- Some unintended pregnancies are wanted, and most of those could be **better prepared for** with access to preconception care

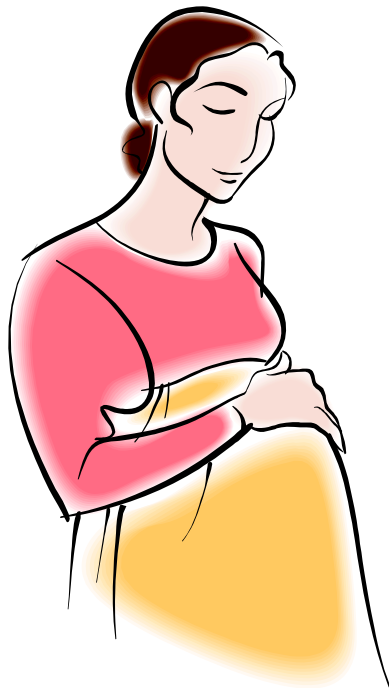
Our solution



All women age 18-50 are asked One Key Question as a routine part of primary care:

“Would you like to become pregnant
in the next year?”

Yes



Preconception care

- ▣ Screened for conditions that can affect pregnancy
- ▣ Medication review
- ▣ Counseled on nutrition, exercise, substance use
- ▣ Folic acid daily

No



Contraceptive services

- ▣ Check satisfaction with current contraception method
- ▣ Offered contraception options
- ▣ Offered emergency contraception

Unsure, or ok either way



Follow up

- ▣ Combination of contraception and preconception care
- ▣ Discussion of relevant issues



Preventive reproductive health

means that

contraception and preconception care

Are offered in a **proactive** way,

not just in a **reactive** way



The goal of OKQ is NOT to put women into yes/no categories

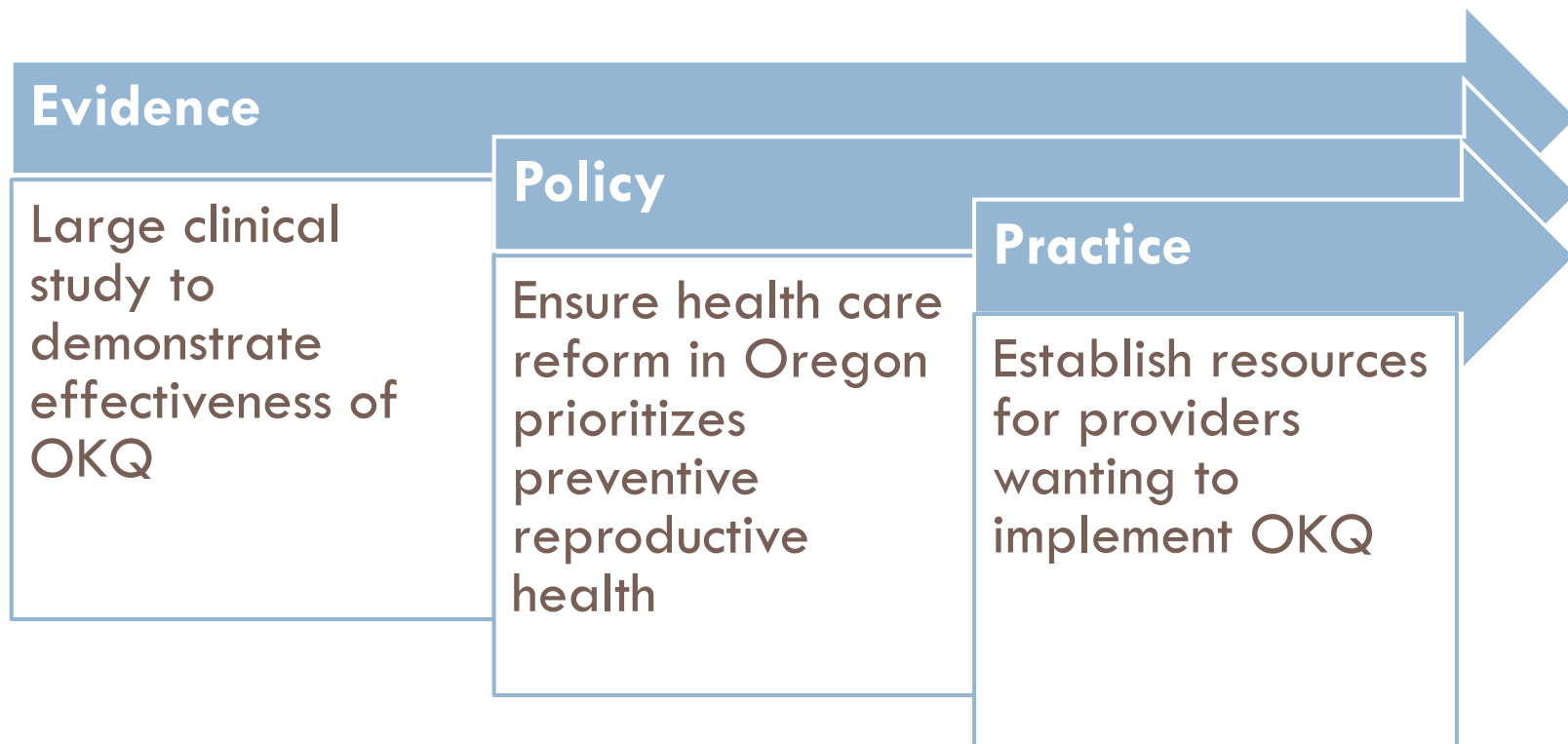
Our goal is to:

Start a conversation about preventive reproductive health in primary care

Prevent unintended pregnancies that are *unwanted* or *mistimed*

Increase the proportion of all pregnancies that are *better prepared for.*

OKQ Initiative



Endorsing organizations

- ❑ Oregon Medical Association
- ❑ Oregon Academy of Family Physicians
- ❑ Oregon Section of American Congress of Obstetricians and Gynecologists
- ❑ Oregon Society of Physician Assistants
- ❑ Oregon Primary Care Association
- ❑ Office of Rural Health
- ❑ Nurse Practitioners of Oregon
- ❑ Oregon Nurses Association
- ❑ Osteopathic Physicians and Surgeons of Oregon,
- ❑ Oregon Public Health Association
- ❑ Oregon Public Health Institute
- ❑ Northwest Portland Area Indian Health Board
- ❑ Medical Society of Metropolitan Portland
- ❑ Oregon Midwifery Council
- ❑ Oregon State Pharmacy Association
- ❑ Boys and Girls Aid
- ❑ Multnomah County Commissioners



Questions?

Comments?

Ideas?

How does this relate to your work in MIECHV?

How can OKQ be used in home visiting programs?



- Screening for pregnancy intentions (and providing follow-up services) is primarily the job of primary care clinicians
- Home visiting programs provide a crucial link between primary care and families

How can OKQ be used in home visiting programs?



- OKQ can help MIECHV staff to:
 - ▣ **Start the conversation about pregnancy intentions with women**
 - ▣ If it is clear that she needs services for contraception or preconception care, refer her to primary care clinician

How can OKQ be used in home visiting programs?

- During home visits, ask:
 - ▣ Would you like to get pregnant again in the next year?
 - ▣ Are you thinking about whether or not you will have another child?
 - ▣ Do you want to get pregnant again in the next few months?
- Avoid expressing judgment about her answer, instead express curiosity about her plans

Preconception care and interbirth interval basics



aka What do I do if she answers YES
to the question

Would you like to get pregnant in the next year?

Two core preconception messages



- It is most healthy for you and your children if you wait until your current child is **AT LEAST** one year old before you try getting pregnant again.
 - ▣ Gives your body time to recover
 - ▣ Lowers the chances of pregnancy problems
 - ▣ Allows you to have a good amount of time with your current child before adding a newborn

- **ACT** pregnancy before you **GET** pregnant

Additional preconception advice

- ❑ Reduce/eliminate alcohol, tobacco, street drugs
- ❑ Review prescribed and OTC medications, supplements, herbs with clinician
- ❑ Screening for STIs, diabetes, hypertension
- ❑ Immunizations up to date?
- ❑ Healthy diet, daily exercise, plenty of sleep, stress reduction
- ❑ Dental cleaning/check up
- ❑ Screen for risk of domestic violence
- ❑ Take folic acid every day (multivitamin for women, prenatal vitamin). Dose is 400-800mcg
- ❑ Establish relationship with primary care provider



Questions?

Comments?

Ideas?

Contraception basics



aka What do I do if she answers NO
to the question

Would you like to get pregnant in the next year?

Contraception basics



- Many women use short-term or less reliable contraception because that is what they are used to
- The best method for women usually changes with time or with pregnancy/birth
- There are GREAT long-acting, reversible methods of contraception that would be ideal for many women

Long-acting reversible contraception

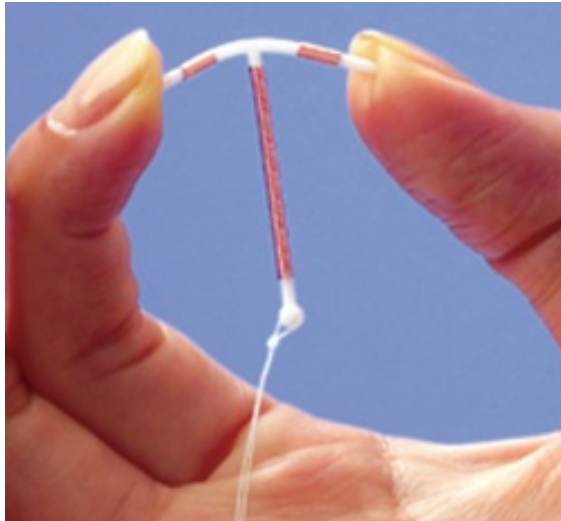
- ✓ protect against pregnancy for multiple years
- ✓ no need for woman to do anything for them to work
- ✓ more effective than the pill and Depo with fewer side effects
- ✓ women can have them removed anytime they want

□ **Intrauterine devices (IUDs)**

- Paragard lasts 12 years, no hormones
- Mirena lasts 5-7 years, tiny amount of hormone

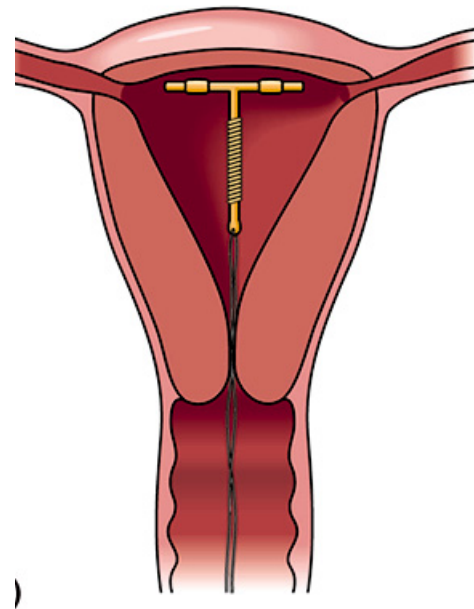
□ **Implanon/Nexplanon implants last 3 years**

IUDs



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An IUD in Position



Implanon/Nexplanon implant



What about women who are **unsure, ambiguous** or “**ok either way**”?

- If they say “ok either way”, then focus on preconception messages

- If they are unsure or ambiguous, ask about
 - ▣ Is now the right time?
 - ▣ Do you have the resources you need for another child (money, time, child care, space)?
 - ▣ How would having another child impact family work plans, education plans, financial status?
 - ▣ Emphasize use of contraception until it is clear that a pregnancy is a good idea



Questions?

Comments?

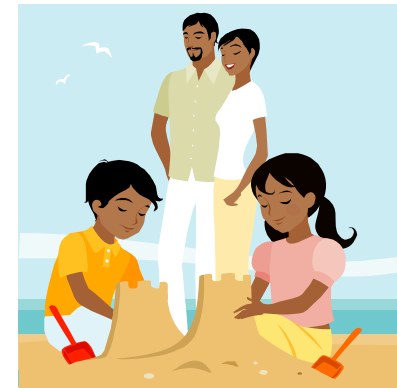
Ideas?

Advantages of asking One Key Question



- Asking a woman about her pregnancy intentions can help start a great conversation about her personal health and her family's health
- May uncover unmet needs for primary care services, especially for contraception
- Preconception messages need to be clearer in the community
 - ▣ Wait until child is 1 year old before trying to get pregnant again
 - ▣ Act pregnant before you are pregnant

Thank you for all you do to improve the health of women and their families!



Contact



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