



**ONE KEY QUESTION®**

## Integrating Pregnancy Intention Screening An initiative of the Oregon Foundation for Reproductive Health

### ***Mission:***

We are dedicated to improving access to comprehensive reproductive health care, such as preventing unintended pregnancy and planning healthy families.

# One Key Question®

- ▶ An initiative born in Oregon to introduce pregnancy intention screening into a variety of health care settings
- ▶ Designed to support women in their own goals for if and/or when to have children
- ▶ Work to bring best-practice information on contraception & preconception care to a broader audience

*"Would you like to become pregnant in the next year?"*

# Fragmented Care

- ▶ Women expect to have to go to 2 different providers for their care
- ▶ Health care delivery is separated into primary care and reproductive/sexual health
- ▶ To improve birth outcomes, we must promote optimal health of every woman; a significant proportion of women will become pregnant by choice or chance

# Facts

- ▶ By age 45, more than half of all American women will have experienced an unintended pregnancy
- ▶ In 2011, nearly half (45% or 2.8 million) of the 6.1 million pregnancies in the United States each year were unintended
- ▶ The average woman is fertile for 39 years and spends 3 decades trying to avoid an unintended pregnancy

# One Key Question®

- ▶ Framed as “Would you like..” to focus on patient’s own goals for her health
- ▶ Offers four possible response categories
- ▶ Steps away from ‘plan’ which does not resonate with some women for cultural, religious, or socio-economic reasons
- ▶ Provide evidenced-based preconception and/or contraception care services or referrals based on woman’s answer

## If your patient answers... YES

Preconception care is defined as individualized care for men and women that is focused on reducing maternal and fetal morbidity and mortality, increasing the chances of conception when pregnancy is desired.

The term “interconception care” is used when referring specifically to care provided between pregnancies.

## ONE KEY QUESTION<sup>®</sup>

Ask\*: "Would you like to become pregnant in the next year?"

**YES**

**OK EITHER WAY**

**UNSURE**

**NO**

Review Chronic Health Conditions, Urgent Psychosocial Concerns,  
Prescribe multivitamin w/ Folic Acid

Medical  Review

Review birth spacing recommendations  
and previous pregnancy Hx

Develop follow up plan for additional  
preconception care and assess  
contraception needs

Screen for current  
contraception use

Assess satisfaction of  
method, review  
effectiveness and  
compliance of use

Offer all available  
options including LARC  
and Emergency  
Contraception

# Preconception Advice

- ▶ Prevention/intervention to reduce high-risk pregnancies
  - Medication Review
  - Screen for chronic conditions & mental health issues
  - Folic Acid RX
  
- ▶ We have a Preconception Care checklist for women & men with best-practice recommendations



# Additional Preconception Advice

- ▶ Advise to reduce/eliminate alcohol, tobacco, street drugs
- ▶ Assessment prior pregnancy outcomes
- ▶ Screen for STIs, diabetes, hypertension
- ▶ Check if immunizations are up to date
- ▶ Recommend healthy diet, daily exercise, sleep, stress reduction
- ▶ Advise a dental cleaning/check up
- ▶ Screen for risk of intimate partner violence
- ▶ Talk about the benefits of birth spacing (18 months)

# 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

# Impact on LARCs

- ▶ The Health Care Coalition of Southern Oregon's OKQ campaign resulted in a 76% increase in LARC insertions
- ▶ Good Samaritan Family Medicine in Corvallis, with a generally more educated and higher income population showed an 11% increase in LARCS, from 77% to 88%
- ▶ OKQ pilot tested in busy inner city primary care showed a significant increase in contraception counseling and proportion of women choosing LARCs.

## If your patient answers ...NO

- ▶ The best way to reduce the risk of unintended pregnancy is to use effective birth control correctly and consistently.
- ▶ Patients need the correct information on HOW to use methods and what to do if a mistake w/use is made
- ▶ Many women indicate they did not have enough education from a provider on their method- half of unintended pregnancies are due to incorrect use of contraception

## 'Unsure' or 'Ok Either Way'

**OKQ is the only algorithm that includes more than just a yes/no response!**

- ▶ Unsure & OK Either Way are common and real answers to a complicated question
- ▶ Providers should offer a combination of contraception & preconception care based on patients' needs and goals

## One Key Question® is designed to...

1. Start a conversation about preventive reproductive health in primary care
2. Prevent pregnancies that are unwanted or mistimed
3. Increase the proportion of pregnancies that are better prepared for

*"Would you like to become pregnant in the next year?"*

# OFRH Support

- ▶ Implementation Manual
  - ▶ Clinic and Staff inventory
  - ▶ Various algorithms for screening
- ▶ Custom Consultations
  - ▶ Clinic Flow, Data Collection
  - ▶ Additional trainings for providers and team
- ▶ OKQ patient brochures , posters, video



# Assist in Plan Implementation

## Attitudes

- ▶ Generate buy-in at all levels
- ▶ Create understanding of why this screening and follow-up care is critical

## Technical

- ▶ Need to make implementation as easy as possible for direct service providers
- ▶ Don't over burden with reporting and data, just enough to show effectiveness
- ▶ Evaluate progress toward outcome



# Implementers Letter

- ▶ The ONE KEY QUESTION® mark and program are the intellectual property of OFRH
1. Conduct proactive and consistent pregnancy intention screening in primary care settings by asking women either “Would you like to become pregnant in the next year?” and document patient’s answers of: Yes, No, OK Either Way, Unsure;
  2. Provide follow-up preconception and/or contraception services (directly or through referral) tailored to each woman’s unique answer to the ONE KEY QUESTION®;

# LOA

3. Provide OFRH with periodic updates regarding your implementation of the program and your progress toward your goals.
4. Acknowledge OFRH as the creator of the OKQ program in any reports, publications, or other public discussions of the OKQ initiative. If you want to do a presentation or publish a report on your experiences using the One Key Question® program, please involve us first.

# Steps to be an OKQ site

1. Intro Webinar with OFRH ✓
2. Review OKQ Manual
  - ▶ ID goals and objectives
  - ▶ Inventory readiness through assessment of staff and services
  - ▶ Develop Implementation Action Plan
  - ▶ Develop workflow mapping with each site
3. Create evaluation plan

# Contact Us

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