Women's Health Issues 25-5 (2015) 548–554

WOMEN'S HEALTH ISSUES
www.whijournal.com

Original article

Reproductive Life Planning in Primary Care: A Qualitative Study of Women Veterans' Perceptions

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Article history: Received 19 September 2014; Received in revised form 7 May 2015; Accepted 11 May 2015

A B S T R A C T

Background: Women veterans using Veterans Administration (VA) health care have high rates of medical and mental health comorbidities, placing them at increased risk of poor outcomes from unplanned pregnancy. Reproductive life planning is a strategy recommended by the U.S. Centers of Disease Control and Prevention that could promote healthy pregnancies and reduce unplanned pregnancy in the VA. However, no data exist on women veterans' perceptions of reproductive life planning discussions.

Methods: We trained six VA primary care physicians at two VA Women's Health Clinics to conduct reproductive life planning discussions with veterans aged 18 to 44 during primary care visits. After the visit, we performed semi-structured telephone interviews with consenting veterans to explore perceptions of 1) reproductive life planning content and 2) provider–patient communication in reproductive life planning discussions. Interviews were audio-recorded, transcribed, and analyzed using content analysis.

Results: We interviewed 27 veterans with a mean age of 31 years (range, 22–42). Women veterans perceived generally reproductive life planning discussions as important opportunities to discuss reproductive goals with providers and to obtain new and relevant information about contraception, planning healthy pregnancies, and available VA reproductive health services. Perceptions of reproductive life planning content were influenced by women's pregnancy intentions. Perceptions related to provider–patient communication included preferences for provider-initiated discussions and nonjudgmental counseling that incorporates patients' values and preferences.

Conclusions: Women veterans perceived reproductive life planning as valuable and important to their health. Reproductive life planning has the potential to enhance patient-centered delivery of reproductive health services in VA primary care.

Published by Elsevier Inc.

These findings were presented at the HSR&D National Meeting on Partnerships for Research & Care of Women Veterans, July 31-Aug 1 2014, Arlington, VA.

The authors have no conflicts of interest to disclose.

The findings and conclusions in this report are those of the authors and do not represent the views of the Department of Veterans Affairs or the United States Government.

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1049-3867/$ - see front matter Published by Elsevier Inc.
http://dx.doi.org/10.1016/j.whi.2015.05.002

Women with chronic medical and mental health conditions face particularly high risks of poor pregnancy outcomes when pregnancy occurs without advance planning or preparation (Johnson et al., 2006). Women veterans, particularly those who use Veterans Administration (VA) health care, have higher rates of medical and psychiatric comorbidities such as obesity, depression, and posttraumatic stress disorder compared with civilians (Lehavot, Hoerster, Nelson, Jakupcak, & Simpson, 2012; Washington, Yano, Simon, & Sun, 2006). In addition, women VA users have lower documented rates of contraception compared with the general population (Borrero et al., 2012), potentially translating into an increased risk of unplanned pregnancy (Goyal, Borrero, & Schwarz, 2012). Given the rapidly increasing numbers of young women veterans using VA health care (Frayne et al., 2014), there is an urgent need to investigate strategies to enhance and promote preventive reproductive health services in VA primary care.

The U.S. Centers for Disease Control and Prevention (CDC; Johnson et al., 2006) and American College of Obstetricians and Gynecologists (2005) recommend incorporation of provider–patient discussions of reproductive goals and intentions into routine primary care to promote healthy pregnancies and prevent unintended pregnancy, a strategy referred to as "reproductive life planning." A recent report released by CDC and the U.S. Office of Population Affairs titled "Providing Quality Family Planning Services" recommends that all encounters with reproductive-aged women include an assessment of pregnancy intention and reproductive life plans (Gavin et al., 2014). Despite increasing awareness in the medical community about the importance of pregnancy planning and optimization of health before conception, few providers either outside or within the VA initiate discussions with patients about reproductive life planning or preconception care (Chuang et al., 2012; Henderson, Weisman, & Grason, 2002; Oza-Frank, Gilson, Keim, Lynch, & Klebanoff, 2014; Schwarz et al., 2013; Williams et al., 2006).

Improving reproductive health services for women veterans is a high priority for the VA (Yano et al., 2011), and promotion of reproductive life planning in VA primary care is one potential strategy for improving delivery of preconception and contraception services. Two small, qualitative studies outside VA found reproductive life planning in primary care in low-income settings was valuable and acceptable to women (Bello, Adkins, Stulberg, & Rao, 2013; Dunlop, Dretler, Badal, & Logue, 2013; Dunlop, Logue, Miranda, & Narayan, 2010). Women veterans differ from non-veterans both in life experiences and health status, including a higher prevalence of childhood sexual trauma and assault and potential exposure to war zones and military sexual trauma (Blosnich, Dichter, Cerulli, Batten, & Bossarte, 2014). In addition, after discharge from the military, women veterans report poorer overall physical and mental health compared with non-veterans (Lehavot et al., 2012). To date, no studies have investigated specifically women veterans' perceptions of reproductive life planning discussions.

Our objective was, therefore, to explore women veterans' perceptions of reproductive life planning in routine VA primary care, including their perceptions of reproductive life planning content and of patient–provider communication in these discussions.

Methods

Study Design and Overview

We obtained funding from VA Women's Health Services to conduct a local quality improvement (QI) investigation. Although VA PCPs may counsel patients regarding contraception, reproductive life planning with proactive assessment of reproductive goals, pregnancy intentions, and preconception health is not routinely practiced in VA primary care. We, therefore, conducted a brief intervention to introduce reproductive life planning into the practices of a small number of primary care providers (PCPs) at our local facilities. We subsequently conducted semistructured interviews with these PCPs' patients after routine primary care appointments to explore their perceptions of reproductive life planning discussions.

Study Setting

Recruitment of providers and patients occurred at two VA Women's Health Clinics (WHCs) in the Seattle metropolitan area. WHCs are primary care clinics in the VA system that provide gender-specific services as well as routine primary care for women (Yano, Goldzweig, Canelo, & Washington, 2006). PCPs may practice part time or exclusively in WHCs, but all PCPs who practice in VA WHCs must be designated as women's health providers by demonstrating proficiency in primary care services for women and by maintaining a panel composed of at least 10% women (U.S. Department of Veterans Affairs, 2010).

Study Intervention and PCP Recruitment and Training

We recruited six PCPs through email, telephone, and in-person outreach, out of approximately 20 PCPs in the Seattle area's two VA WHCs. Participating PCPs consented to complete a 30-minute training on reproductive life planning and to initiate brief reproductive life planning discussions with reproductive-aged patients during the study period, excluding women with a history of sterilization or hysterectomy. If reproductive life planning was discussed, providers then agreed to ask women if they would be willing to discuss their visit with the study team as part of a QI project. The 30-minute training consisted of education on reproductive life planning, including strategies for eliciting women's reproductive goals and an overview of key preconception and contraceptive counseling messages.

A reproductive life planning handout was made available to providers to prompt and guide discussions as needed. This handout was also provided to all reproductive-aged women patients scheduled to see the study PCPs in the waiting room prior to their visit. The handout was adapted from materials available online from CDC and U.S. Department of Health and Human Services, and included images and resources specific to women veterans (Appendix). The handout contained questions for women to ask themselves 1) if they desire pregnancy in the future (e.g., when do I want to get pregnant, what do I need to change about my health to get ready for pregnancy) and 2) if they do not desire pregnancy in the future (e.g., how will I prevent pregnancy, is there possibility of changing my mind, what if I become pregnant by accident; Centers for Disease Control and Prevention, (2014). The handout also included a preconception checklist with a list of