

## Original research article

A checklist approach to caring for women seeking pregnancy testing:  
Effects on contraceptive knowledge and use<sup>☆,☆☆</sup>Jessica Lee<sup>a</sup>, Melissa Papic<sup>b</sup>, Erin Baldauf<sup>a,b</sup>, Glenn Updike<sup>a</sup>, E. Bimla Schwarz<sup>a,b,c,\*</sup><sup>a</sup>University of Pittsburgh, Department of Obstetrics, Gynecology and Reproductive Sciences<sup>b</sup>University of Pittsburgh, Department of Medicine<sup>c</sup>University of Pittsburgh, Graduate School of Public Health, Department of Epidemiology

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## Abstract

**Objective:** To assess how a checklist reminding clinicians to deliver a bundled intervention affects contraceptive knowledge and use 3 months after women seek walk-in pregnancy testing.

**Methods:** Pre-intervention, an inner-city family planning clinic provided unstructured care; during the intervention period, clinic staff used a checklist to ensure women received needed services. Women seeking walk-in pregnancy testing who wished to avoid pregnancy for at least 6 months were asked to complete surveys about their contraceptive knowledge and use immediately after and 3-months after visiting the study clinic. To assess the significance of changes over time, we used logistic regression models.

**Results:** Between January 2011 and May 2013, over 1500 women sought pregnancy testing from the study clinic; 323 completed surveys (95 pre-intervention and 228 during the intervention period). With this checklist intervention, participants were more likely to receive emergency contraception (EC) (22% vs. 5%, aOR=4.64, 95% CI 1.77–12.17), have an intrauterine device or implant placed at the time of their clinic visit (5% vs. 0%,  $p=0.02$ ), or receive a contraceptive prescription (23% vs. 10%,  $p<0.001$ ). Three months after visiting the study clinic, participants from the intervention period were more knowledgeable about intrauterine and subdermal contraception and were more likely to be using intrauterine, subdermal or injectable contraception (aOR=2.18, 95% CI 1.09–4.35).

**Conclusions:** Women seeking walk-in pregnancy testing appear more likely to receive EC and to have switched to a more effective form of birth control in the 3 months following their visit when clinic staff used a 3-item checklist and provided scripted counseling.

**Implications:** A checklist reminding clinic staff to assess pregnancy intentions, provide scripted counseling about both emergency and highly-effective reversible contraception, and offer same-day contraceptive initiation to women seeking walk-in pregnancy testing appears to increase use of more effective contraception.

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**Keywords:** Pregnancy testing; checklist; contraceptive counseling; emergency contraception; Intrauterine Contraception

## 1. Introduction

The incidence of unintended pregnancy is one indicator of a society's reproductive health. Unintended childbearing is associated with several negative maternal and child

health outcomes [1]. Thus, the US Department of Health and Human Services' Healthy People 2020 initiative includes the goal of reducing the incidence of unintended pregnancy [2]. Unfortunately, this goal has been difficult to achieve, with recent data indicating that unintended pregnancy rates have increased to 51% of US pregnancies [3]. In addition, disparities in unintended pregnancy have also increased, with the most vulnerable women facing the highest rates of unintended pregnancy [3].

While the majority of unplanned pregnancies in the US occurred to women who were not using any method of contraception in the month they conceived [4,5], more than 40% of women with unplanned pregnancies conceived after using contraception inconsistently or incorrectly [5]. Women

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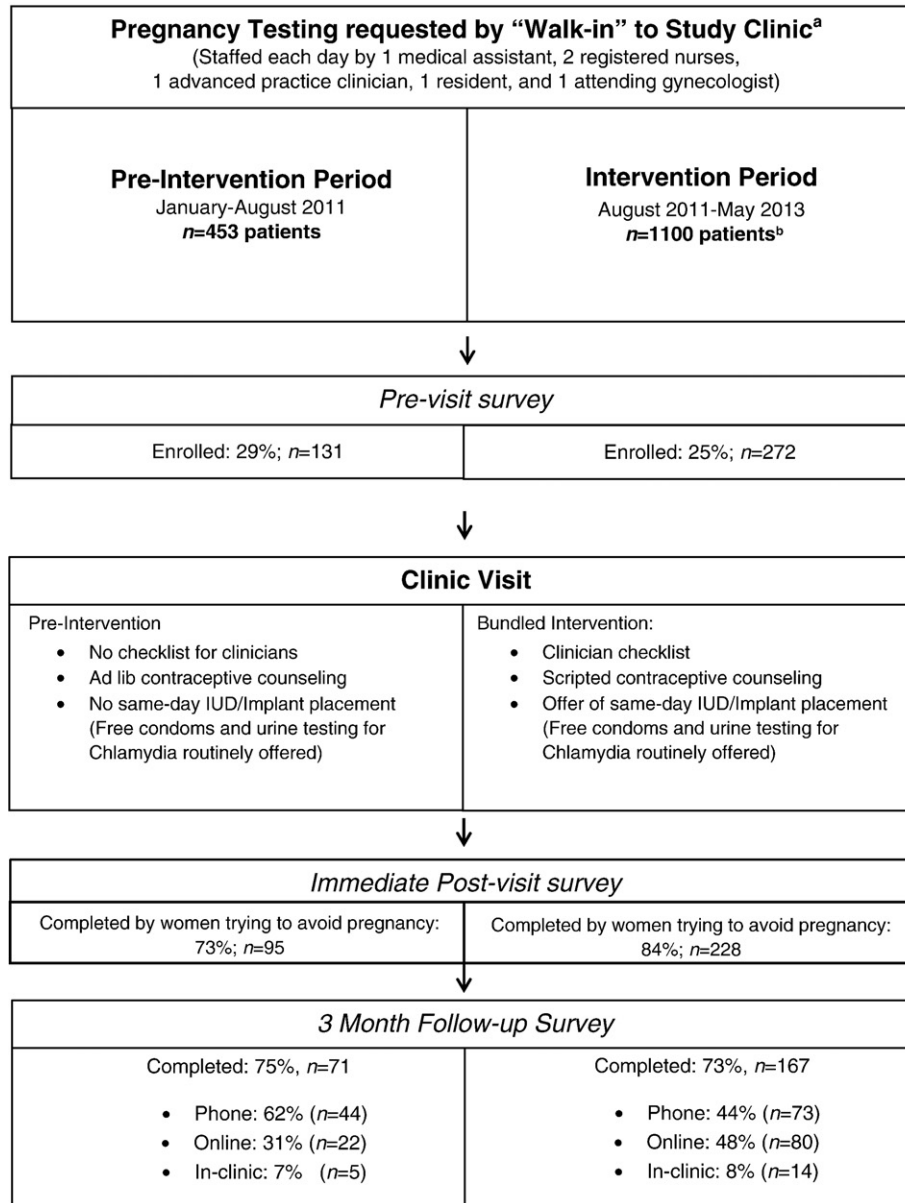
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seeking pregnancy testing are at particularly high risk for recent contraceptive difficulties. In a prior study of women seeking walk-in pregnancy testing, most reported trying to avoid pregnancy and almost 40% were found to have potentially benefited from same-day emergency contraception (EC) [6]. Another recent study found that among women who presented for walk-in pregnancy testing, 12–24% indicated they might be interested in same-day placement of an intrauterine device (IUD) [7]. The purpose of this study was therefore to examine how a checklist which reminded clinic staff caring for women seeking pregnancy testing to:

(a) assess pregnancy intentions, (b) provide structured contraceptive counseling, and (c) offer same-day contraceptive initiation to women wishing to avoid pregnancy affected women's subsequent contraceptive knowledge and use.

## 2. Methods

We studied the effects of this bundled intervention in an inner-city Title X-funded family planning clinic using a pre/post design (Fig. 1). Women who were found to be pregnant or using



<sup>a</sup> As electronic medical record data do not specify women's pregnancy intentions and women who desired pregnancy were not eligible for this study, the exact number of women eligible for this study is unknown.

<sup>b</sup> This includes 1005 visits identified by abstracting data from the electronic medical record on January 31, 2013, and an additional 95 visits for pregnancy testing record by an on-site research assistant between February and May 2013 (when the last enrollment survey was completed).

Fig. 1. Study Flow.

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