



Contents lists available at ScienceDirect

Journal of the American Pharmacists Association

journal homepage: www.japha.org

RESEARCH NOTES

Pharmacist and student pharmacist perspectives on providing preconception care in the United States

Cydnee Ng, Rana Najjar, Natalie DiPietro Mager, Sally Rafie*

ARTICLE INFO

Article history:

Received 8 August 2017

Accepted 10 April 2018

ABSTRACT

Objectives: The primary objective was to assess pharmacist and student pharmacist current involvement and interest in providing preconception care services. Secondary objectives were to assess comfort in providing these services to various subpopulations in addition to training and resource needs.

Methods: A cross-sectional online survey was conducted in the United States and its territories from August 26 to October 14, 2016. Pharmacists and student pharmacists were recruited via a Facebook advertisement to participate in a self-administered survey assessing experiences, interest, and comfort in providing preconception care services in addition to training and resource needs.

Results: Three hundred thirty-two responses were included in the final analysis from the United States and its territories. Most respondents were female (72%) and pharmacists (65%). Respondents reported providing preconception care services, from routine immunizations (54%) to sexually transmitted disease (STD) and HIV screening and management (13%). Respondents also expressed strongest interest in providing new services for STD and HIV screening and management (68%) and minimizing risk of medication teratogenicity (62%). Respondents were most comfortable providing services to female adults (88%) and female adolescents (65%) compared with male adults (61%) and male adolescents (32%). Respondents indicated that tools, such as patient medical records (67%), patient educational materials (66%), and clinical guidelines (60%), would facilitate adoption of preconception care services.

Conclusion: This study provides the first insights on the involvement, interest, and comfort of pharmacists and student pharmacists in the United States and its territories related to preconception care. Most respondents indicated that they are currently providing or are interested in providing preconception care services. Tools and resources should be developed to facilitate pharmacist provision of preconception care services.

© 2018 American Pharmacists Association®. Published by Elsevier Inc. All rights reserved.

The United States has high rates of infant mortality, maternal mortality, and other adverse pregnancy outcomes compared with other industrialized countries.¹ Before conceiving, certain measures should be taken by men and women of reproductive potential to minimize unfavorable health outcomes.² Preconception care involves the recognition and management of biomedical or behavioral issues that must occur before

pregnancy to optimize health.^{2,3} For women of reproductive potential, recommended preconception care interventions can be broadly organized into 4 categories: counseling, maternal assessment, screening, and vaccinations.⁴ While preconception health may be more readily associated with women's health, preconception health in men of reproductive potential is equally important. Preconception care for men can help to ensure that pregnancies are intended, to improve pregnancy outcomes, to decrease transmission of sexually transmitted diseases (STDs), and to improve men's health.⁵

In 2006, the U.S. Centers for Disease Control and Prevention (CDC) Preconception Care Work Group and the Select Panel on Preconception Care established 10 recommendations to improve preconception care for men and women of reproductive potential. These recommendations include 1) encouraging men and women to have a reproductive life plan; 2) increasing public awareness of preconception care; 3) providing risk

Disclosure: The authors declare no conflicts of interest or financial interests in any product or service mentioned in this article.

Funding: This work was supported by Ohio Northern University.

Previous presentation: A subset of these data was presented at the American Pharmacists Association Annual Meeting and Exposition, San Francisco, CA, March 25, 2017.

* **Correspondence:** Sally Rafie, 200 West Arbor Dr., #8765, San Diego, CA 92103.

E-mail address: srafie@ucsd.edu (S. Rafie).

assessments and patient counseling; 4) providing services for identified risks; 5) providing care to women with previous adverse pregnancy outcomes (interconception care); 6) providing prepregnancy checkups to persons and couples planning pregnancy; 7) providing health insurance to low-income women; 8) implementing public health programs and strategies; 9) conducting research; and 10) improving monitoring of preconception health.² Preconception care services for men and women of reproductive potential include exercise and nutrition counseling, immunizations, disease state and medication management, substance use management, and provision of contraception.⁴ Although many of the same preconception care services are provided to both men and women, some specific services address differing physiological needs of men and women to optimize pregnancy outcomes, such as monitoring of the effect of health risks on sperm quality in men and folic acid supplementation in women.⁵

Health professionals can provide preconception care services within their scope of practice. As nearly half of all pregnancies (45%) in the United States are unintended, health professionals should provide preconception care as part of routine health care to all patients of reproductive potential, regardless of pregnancy intention.^{2,3,6} However, gaps currently exist in the provision of preconception care services. For example, in a March of Dimes and Gallup survey of U.S. women age 18–45 years, only 32% of respondents reported a health care provider discussing folic acid use before pregnancy⁷; however, almost 90% of the surveyed women would likely take folic acid daily if advised by a health care provider.⁷ Similarly, 39% of surveyed women age 18–45 years with physicians associated with women's health practices at Mayo Clinic Arizona recall having discussions about optimizing their health before pregnancy.⁸ In addition, the Pregnancy Risk Assessment Monitoring System found that in 2009, only 18.4% of surveyed women age 18–44 years in 4 U.S. states who had a live birth reported receiving counseling from a health professional on at least 5 of 11 lifestyle behaviors and contraceptive strategies included in their survey.⁹ Surveys of men in the United States have also demonstrated a need for family planning and preconception care services.^{10,11}

Because of their training and accessibility to the public, pharmacists are well positioned to meet patients' needs in preconception care and to close the gaps in the provision of such care in the United States and its territories.^{4,12} For example, a recent demonstration project showed that community pharmacists can successfully deliver aspects of preconception care via a medication therapy management framework.¹³ Pharmacists can provide preconception care in areas such as disease state and medication management, immunizations, folic acid supplementation, substance use counseling, smoking cessation, and contraceptive counseling. However, no studies have been performed on a national level to assess pharmacist or student pharmacist experiences, interest, and comfort with preconception care comprehensively.

Objectives

The primary objective of this study was to assess pharmacist and student pharmacist current involvement and interest in providing preconception care services. Secondary objectives were to assess comfort in providing preconception care

services to various subpopulations and the training and resource needs for adopting these services.

Methods

This study was a cross-sectional survey conducted from August 26 to October 14, 2016, of pharmacists and student pharmacists in the United States and its territories. Respondents were recruited with a paid targeted social media advertisement created with Facebook's advertisement tool to participate in an online survey between August 26 and September 16, 2016. The advertisement was targeted to Facebook users who were English-speaking pharmacists or student pharmacists age 18 years or older in the United States, Puerto Rico, Guam, Northern Mariana Islands, the U.S. Virgin Islands, and American Samoa. The advertisement was displayed on behalf of the Birth Control Pharmacist Facebook page to individuals who self-identified as affiliated with or interested in a school of pharmacy, pharmacy as their field of study, or pharmacy as their job title in their Facebook profile. In addition to the paid advertisement, the post was shared organically among Facebook users.

The survey tool was developed using preconception health recommendations published by the CDC.² The survey was created with the Qualtrics survey software system (Provo, UT). It was pilot tested with individuals outside the pharmacy profession to identify technical difficulties and areas of confusion. The survey format and questions were modified according to feedback from the pilot testers. The survey was then distributed electronically through the Facebook advertisement, which linked to the survey. The survey tool is in [Appendix 1](#), available on [JAPhA.org](#) as supplemental content.

The self-administered survey assessed current practices, interest, and comfort in providing preconception care services, training and resource needs, and professional and personal demographics. Respondents completed the survey in approximately 8 minutes. Upon completion, respondents were directed to a website with resources about preconception health. The first 200 respondents were given the opportunity to receive a \$5 Starbucks or Amazon gift card for their participation if they voluntarily provided an e-mail address. The survey was otherwise anonymous.

Survey responses were excluded from final analysis for the following reasons: respondent not a pharmacist or student pharmacist, respondent outside of the United States or its territories, less than 70% of the survey completed, duplicate device Internet protocol (IP) addresses, or duplicate e-mail addresses. Device IP addresses and e-mail addresses were removed before analysis to deidentify each respondent. Data were analyzed using Microsoft Office Excel 2011 (Redmond, WA) and IBM SPSS version 22 (Armonk, NY). Simple logistic regression was used to identify statistical differences in response to survey questions based on respondent sex or geographic location, with alpha defined a priori as less than 0.05. The study was deemed exempt by the Ohio Northern University Institutional Review Board.

Results

The recruitment advertisement reached 15,380 people and resulted in 362 link clicks, and 523 responses were received. After applying the exclusion criteria, 332 respondents were

Download English Version:

<https://daneshyari.com/en/article/8531791>

Download Persian Version:

<https://daneshyari.com/article/8531791>

[Daneshyari.com](https://daneshyari.com)