



A Public Health Concern

Unintended pregnancy is a major public health issue with the subsequent social, health, and economic consequences for women, children, and their families. The unintended pregnancy rate remains at almost half of all pregnancies and tragically, the overall proportion of unintended births has not changed in the last three decades. Research has indicated unintended pregnancies results in worse health outcomes both for mother and infant such as delayed prenatal care, premature birth, and low birth weight babies. There are extensive social ramifications such as increasing family stressors, increasing financial instability of families and increasing the risk for family violence. Disparity between socioeconomic classes are present, with unintended pregnancies more likely among less educated, economically-stressed young women. Reducing unintended pregnancy will not only have a public health impact, but it is truly cost effective for a health care system in need of reform. Pregnancy intention screening has also been absent from routine care, with preventive services lacking in response to the patient's own goals for if or when to become pregnant.

Lack of Contraception Care

Unintended pregnancy occurs among women who are not using contraception at all (52%) and women who are inconsistent in their birth control use (42%). Too many women lack comprehensive contraception advice from their clinician, in aid to prevent pregnancy. Advances in birth control methods, such as long-acting reversible contraceptives and the developments in emergency contraception, make it extremely important for providers to talk with women about their contraceptive choices. With the Affordable Care Act now requiring insurance companies to cover all FDA-approved birth control methods with no out-of-pocket costs for women, the immense cost barrier has been removed. There are now more options than ever to discuss and chose from. The average woman is fertile for almost 39 years and spends nearly 30 years trying to prevent pregnancy. Estimates show that for every \$1 spent on family planning, approximately \$4 are saved. Preventive reproductive health needs to be addressed routinely in mainstream primary care, removing it from the specialty care silo.

Lack of Preconception Care

There is now national momentum on the importance of preconception care as true upstream prevention. More women who are choosing pregnancy are older, struggling with chronic medical conditions and taking medications regularly. There are often difficulties in the timing or spacing of pregnancies, even for women who have already had children. Preconception care can optimize a woman's chance for a healthy pregnancy as many factors that affect fetal development and her health during pregnancy can only be modified before a pregnancy begins. Also, despite decades of high-quality evidence and several national initiatives, only about 1/3 of women take folic acid daily before conception to prevent major birth defects of the brain and spinal cord. Too many women do not routinely receive these preventive health services. Despite a greater proportion of women seeking first trimester prenatal care, this begins only *after* the critical first weeks of fetal development. Introducing preconception care as part of routine care for women who would like to become pregnant is essential for improving health outcomes.

Our Research-based Solution: ONE KEY QUESTION®

The ONE KEY QUESTION® initiative encourages all primary care health teams to routinely ask women of reproductive-age **“Would you like to become pregnant in the next year?”** Women are then offered essential preventive reproductive health services depending on their needs: preconception screening and counseling with folic acid and contraceptive services. Including OKQ as a tool for pregnancy intention screening in primary care promises to decrease unintended pregnancy and improve the health of wanted pregnancies. While most primary care providers address concerns about contraception or preconception care if a woman were to ask, we intend to make preventive reproductive health care a proactive intervention that routinely occurs as a standard in primary care, is measured as a quality outcome and covered by all payers.

Oregon’s Metrics and Scoring Committee voted to include “Effective contraceptive use among women at risk for unintended pregnancy” as an incentivized metric in January 2015 for Coordinated Care Organizations. The Oregon Health Authority recognized OKQ as the number one strategy for providers to use in clinic to meet this metric.

OFRH has the endorsement from 30 Oregon associations and organizations for One Key Question®, including every primary care association. We also have national support from the American Public Health Association, National Association of Nurse Practitioners of Women's Health, the American Academy of Family Physicians, and Physicians for Reproductive Health. OFRH has research agreements with three research institutions to conduct clinical trials using One Key Question® to study the impact of screening and the service delivery patterns for preventive reproductive health (contraception and preconception care).

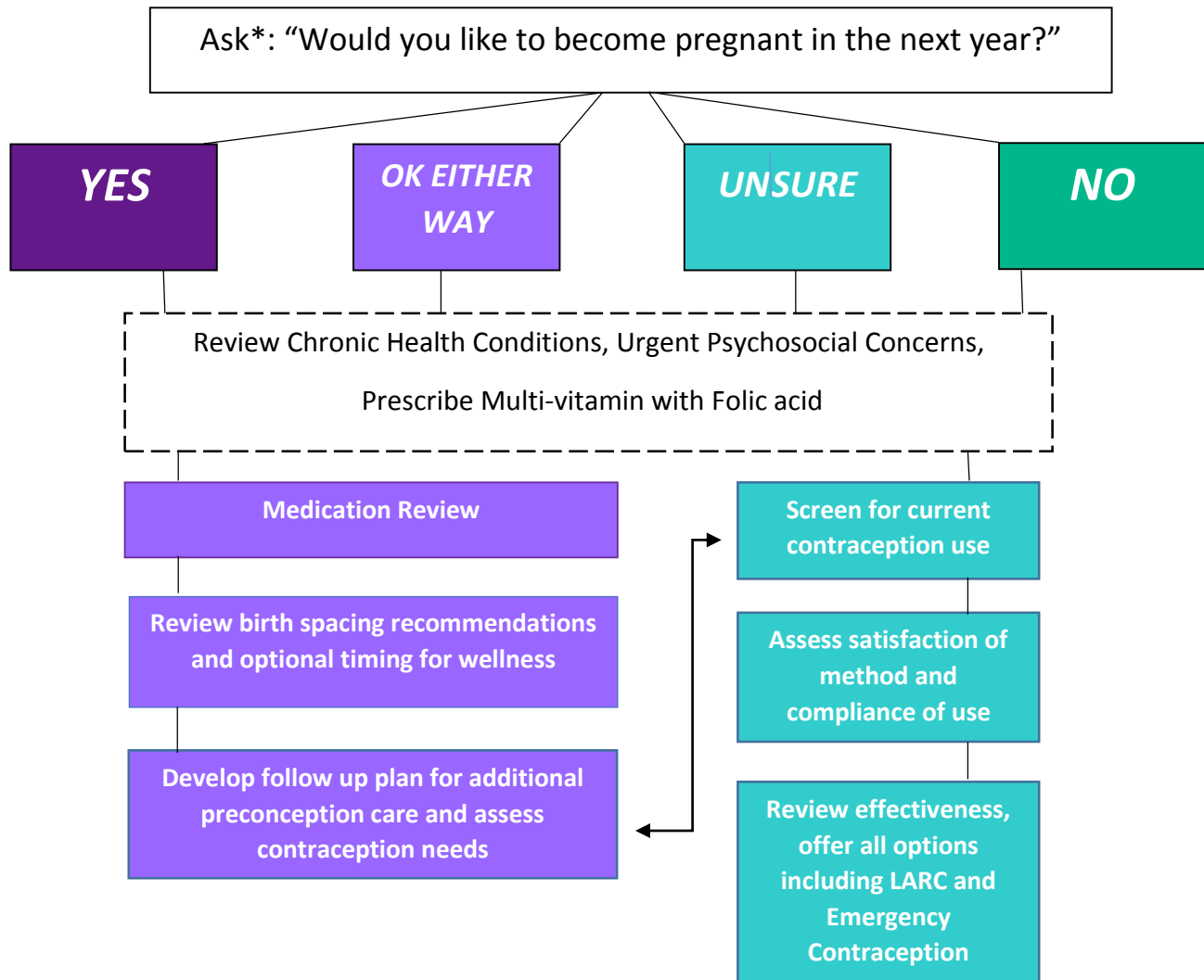
One Key Question® is designed to proactively address the root causes of poor birth outcomes and disparities in maternal and infant health. By providing a simple, effective tool for primary care providers to identify the preventive reproductive health care needs of women at risk of becoming pregnant, OKQ helps provider to be proactive in offering evidence-based care. OKQ is framed in an open-ended, patient centric way, aimed at understanding her intentions and providing follow-up care based on her response. It is a non-judgmental screening that equally supports women who want to become pregnant and those who do not, and can easily be incorporated into routine care.

Implementation Site Support

OFRH currently offers the following support for implementation sites that are often busy and overwhelmed with health care reform changes. Many health centers who do not have the capacity, either staff or technologically, to keep up with new requirements. In order for a robust roll-out of OKQ implementation to begin, buy-in from many levels must be in place along with a thorough action plan for the multiple aspects of the program. Contact info@onekeyquestion.org for more information.

- Implementation manual, OKQ patient brochure and video
- Training on implementing the OKQ algorithm
 - √ Webinar
 - √ In-person
- Custom-tailored consultations by phone or in person
 - √ Technical assistance with work flow,
 - √ Data collection options
- Informational website with additional resources and research

ONE KEY QUESTION[®]



*Patient already screened for medical eligibility i.e. age 18-50, reproductive capacity, etc.

Patient response will influence the medical decision making of prescriptions, follow up care, and preventive reproductive health services or referrals provided