

## BACKGROUND & SIGNIFICANCE

- Every year, nearly half of all pregnancies in the USA are unintended (Aztlan-James et al., 2017, p. 1).
- Adolescents are at a higher risk of unintended pregnancy due to inconsistent use, misuse, and nonuse of contraceptives (Coles et al., 2011, p. 1).
- The risk for maternal morbidity and mortality increases with unintended pregnancies (Curtis et al., 2016).
- Presently, contraceptive care is usually taught verbally through one-on-one conversation between patient and provider on best methods suitable for the patient and their needs during scheduled visits
- Programs to increase young adults' knowledge about contraceptive methods and use are urgently needed (Frost et al., 2012).

## NEEDS ASSESSMENT

### Nationally

- Most unintended pregnancies are a result of using birth control wrong, inconsistently or not at all and according to Healthy people (2020), many women don't use effective methods of birth control
- Although a wide array of birth control options are available most often it comes down to the cost being a barrier to getting contraception

### Statewide

- In New Jersey (NJ) the issue of unintended pregnancy and the concomitant adverse health effects on both mothers and infants are significant (NJHCQI, 2019).

### Locally

- East Orange, NJ is a culturally diverse urban city and represents various countries from around the world
- As an FQHC that predominately services minorities, its imperative to emphasize the need for literacy as healthcare disparities still exist heavily
- Various research studies also have shown that women often see a need to address uncertainty and misperceptions on birth control safety before acquiring a willingness to use (Shartzter et al., 2016) which many in the minority community have against providers

## AIM

- Increase contraceptive use awareness and knowledge in young adult women by implementing digital and visual aid tools to contraceptive care education

## OUTCOMES

- Pre- and post-survey used to measure and increase in awareness and knowledge on contraceptive methods and their use and efficacy

## METHODOLOGY

### Setting

- FQHC in East Orange, NJ

### Study population

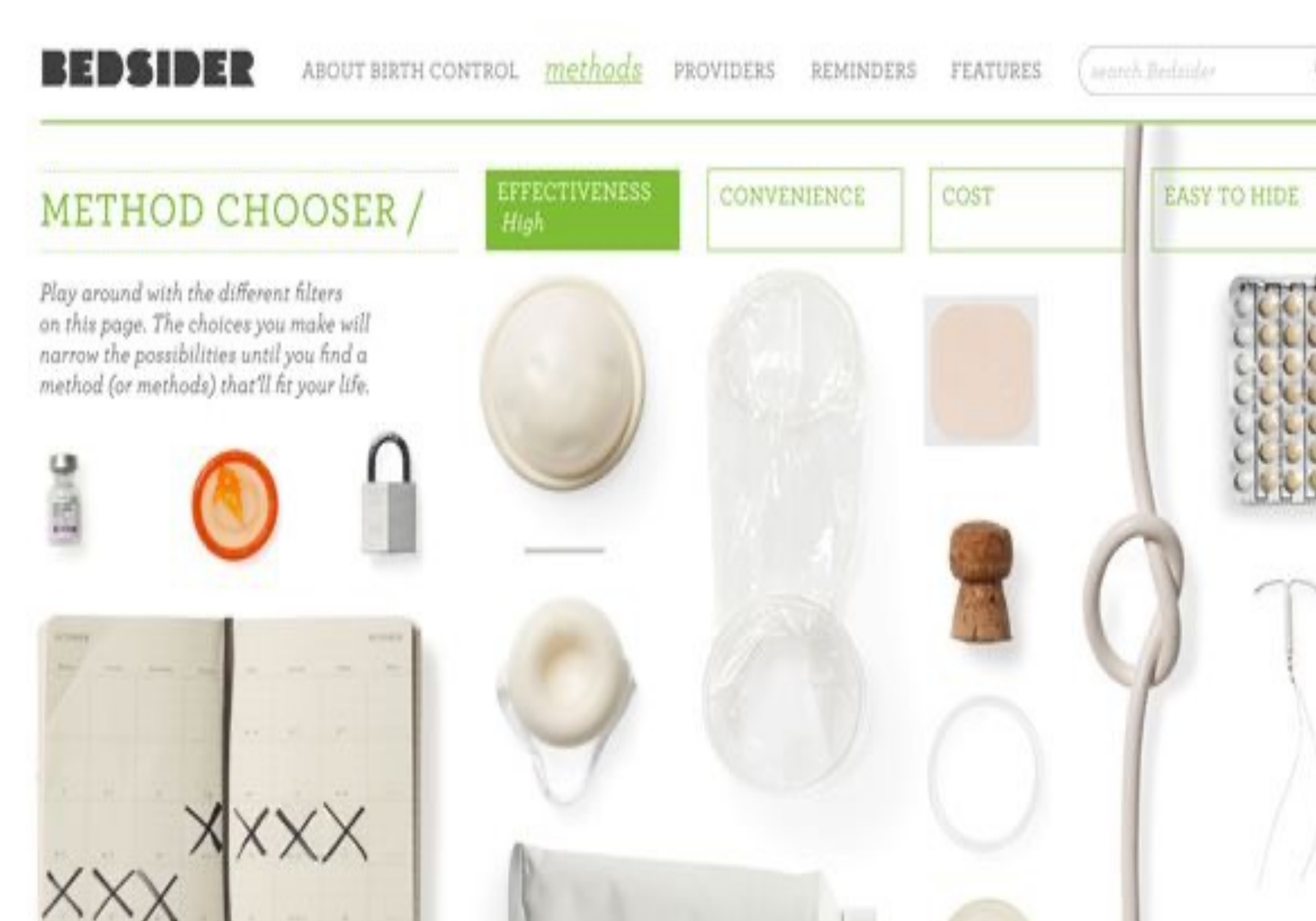
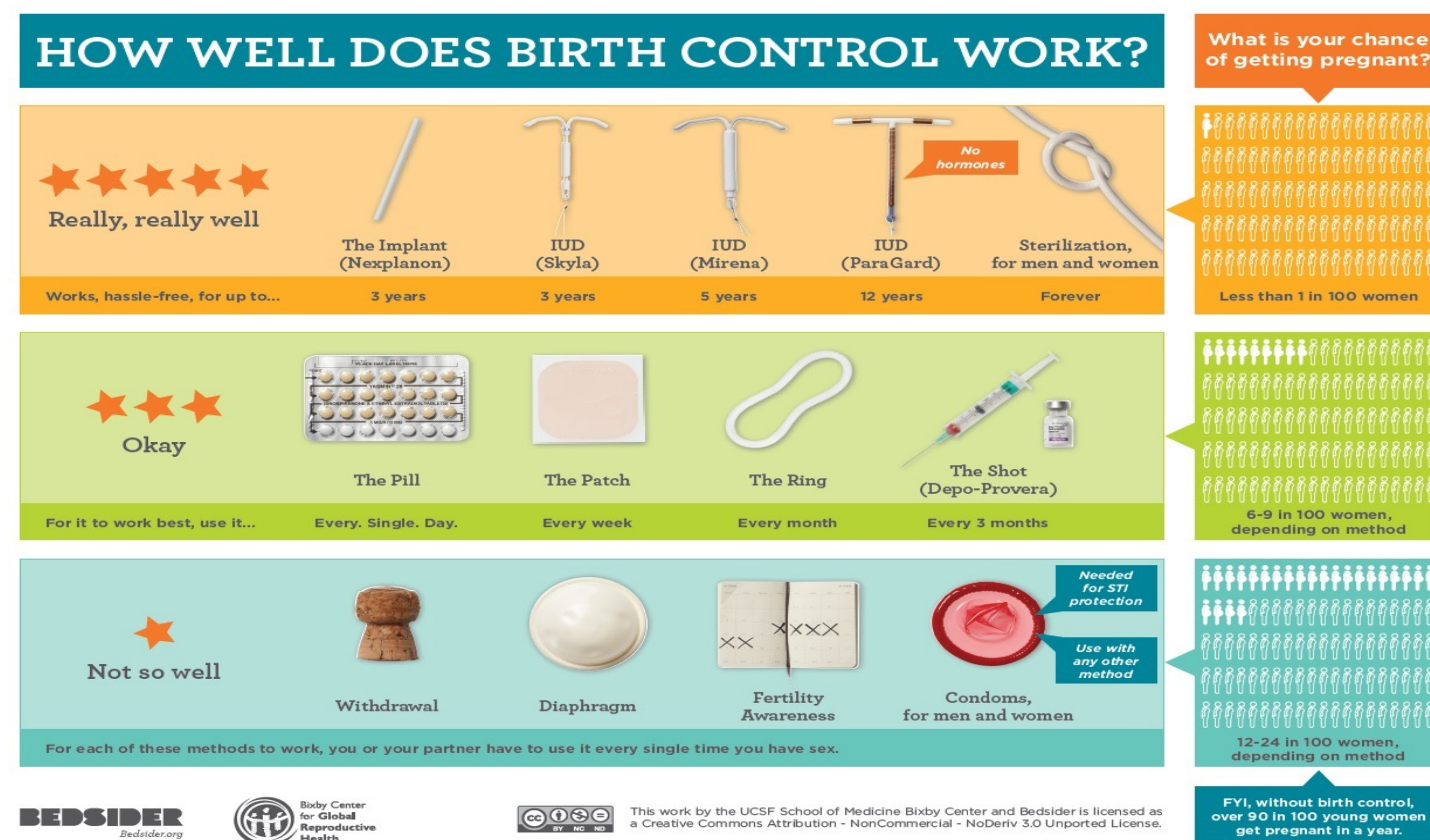
- English-speaking women 18-30 years old

### Intervention

- Use of Bedsider digital tools, visual aid posters and pamphlets during well-woman and contraceptive visits to see if this would increase and improve patient understanding and knowledge on contraception

## INTERVENTION TOOLS/MEASURES

- Posters and pamphlets will be posted and implemented into the exam rooms
- The online "method chooser" simulation can be accessed and viewed by patients using a QR code during intake/while in the waiting room
- These tools are colorful, easy to navigate and use by anyone



## RESULTS

- A total of 20 pre- and post-surveys were returned finished, reviewed, and used for data analysis (n=20).
- An increase in knowledge, use of birth control, and comfortability with birth control was seen.
- No statistical significance was found when analyzing knowledge increase on contraception amongst young adult women after applying Bedsider digital and visual aid tools

### Potential Implications are:

- Advancing the standard of contraceptive care by providers and for patients
- Decrease in unintended pregnancy
- Decrease in economic burden and re-allocation of healthcare funds into other needed areas
- Increase in patient autonomy and patient-centered care

### Sustainability

- Incorporating digital and visual aid tools into practice can transcend into various women's' health care offices worldwide

## DISCUSSION

- Implementation of Bedsider tools increased knowledge on contraception amongst women ages 18-30 years old
- Lack of routine protocol
- Lack of patient participation
- Long appointment wait times

### Limitations are:

- Lack of patient reach due to small manpower
- Health literacy and awareness
- Pre-post study design
- Fast workflow inhibits patient ability to take part in study

## REFERENCES

- Aztlan-James, E. A., McLemore, M., & Taylor, D. (2017). Multiple unintended pregnancies in U.S. women: A systematic review. *Women's Health Issues, 27*(4), 407-413. <https://doi.org/10.1016/j.whi.2017.02.002>
- Coles, M. S., Makino, K. K., & Stanwood, N. L. (2011). Contraceptive experiences among adolescents who experience unintended birth. *Contraception, 84*(6), 578-584. <https://doi.org/10.1016/j.contraception.2011.03.008>
- Curtis, K. M., Jatlaoui, T. C., Tepper, N. K., Zapata, L. B., Horton, L. G., Jamieson, D. J., & Whiteman, M. K. (2016). U.S. Selected Practice Recommendations for Contraceptive Use, 2016. *MMWR. Recommendations and Reports, 65*(4), 1-66. <https://doi.org/10.15585/mmwr.rr6504a1>
- Frost, J. J., Lindberg, L. D., & Finer, L. B. (2012). Young Adults' Contraceptive Knowledge, Norms and Attitudes: Associations with Risk Of Unintended Pregnancy. *Perspectives on Sexual and Reproductive Health, 44*(2), 107-116. <https://doi.org/10.1363/4410712>
- Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Professions, 26*(1), 13-24. <https://doi.org/10.1002/chp.47>
- Kramer, R. D., Higgins, J. A., Godecker, A. L., & Ehrenthal, D. B. (2018). Racial and ethnic differences in patterns of long-acting reversible contraceptive use in the United States, 2011-2015. *Contraception, 97*(5), 399-404. <https://doi.org/10.1016/j.contraception.2018.01.006>
- NJHCQI. (2019, January). EXECUTIVE SUMMARY: New Jersey Health Care Quality Institute Contraceptive Access Findings Document. New Jersey Health Care Quality Institute. [https://www.njhcqi.org/wp-content/uploads/2020/10/New-Jersey-Health-Care-Quality-Institute-Contraceptive-Access-Findings-Documents-and-Exec-Summary\\_Final.pdf](https://www.njhcqi.org/wp-content/uploads/2020/10/New-Jersey-Health-Care-Quality-Institute-Contraceptive-Access-Findings-Documents-and-Exec-Summary_Final.pdf)