

Introduction

Pregnancy can be a desired stage in life, but for others, it can be unplanned, or it is not medically the right moment.

In 2011 the U.S had a total of 6.1 million pregnancies. Almost 45% of pregnancies were unintended (Finer & Zolna, 2016).

- Chance of suffering a maternal death or complications related to pregnancy increases (Curtis, Tepper, et al., 2016).
- Rates are higher in women with chronic medical conditions (Borrero & Callegari, 2019).
- 50% were not on any contraceptive method at the time of conception (Curtis et al., 2016).

Despite CDC recommendations, women aged 15 to 44 years are not receiving adequate prescriptive and contraceptive services (Curtis et al., 2016).

Background and Significance

- In 2005, recommendations were made to integrate family planning in primary care routine visits (Bello et al., 2015).
- In 2009 and 2010, only 14 % of women received contraceptive services during primary care visits (Bello et al., 2015).
- Practices have expressed multiple challenges: lack of awareness of recommendations, time management, inadequate resources, and no training (Bello et al., 2015).
- Recent studies have shown a rise in obstetric patients, in the U.S., with chronic conditions such as obesity, diabetes, and hypertension (CDC, 2020).
- PCPs are an important component of the solution when it comes to assisting women in reducing maternal death and improving chronic conditions, as well as reducing unintended pregnancy rates (Borrero & Callegari, 2019; Aker et al., 2010).

Methodology

Design

Quality Improvement Project

Setting

Health clinic located in Newark, NJ. All visits of women ages 15 to 44 that met criteria.

Study Population

6 Nurse Practitioners from the health clinic.

Study Intervention

45-minute Educational Module via webinar and implementation of a Contraceptive Counseling (CC) Protocol.

Outcomes

All diagnosis codes related to contraception management and all contraceptive methods prescribed during all visits.

Measures

Retrospective chart review from 11/01/19 to 01/29/20 and a prospective chart review of the implementation period (02/12/21 to 05/12/21).

Data Analysis:

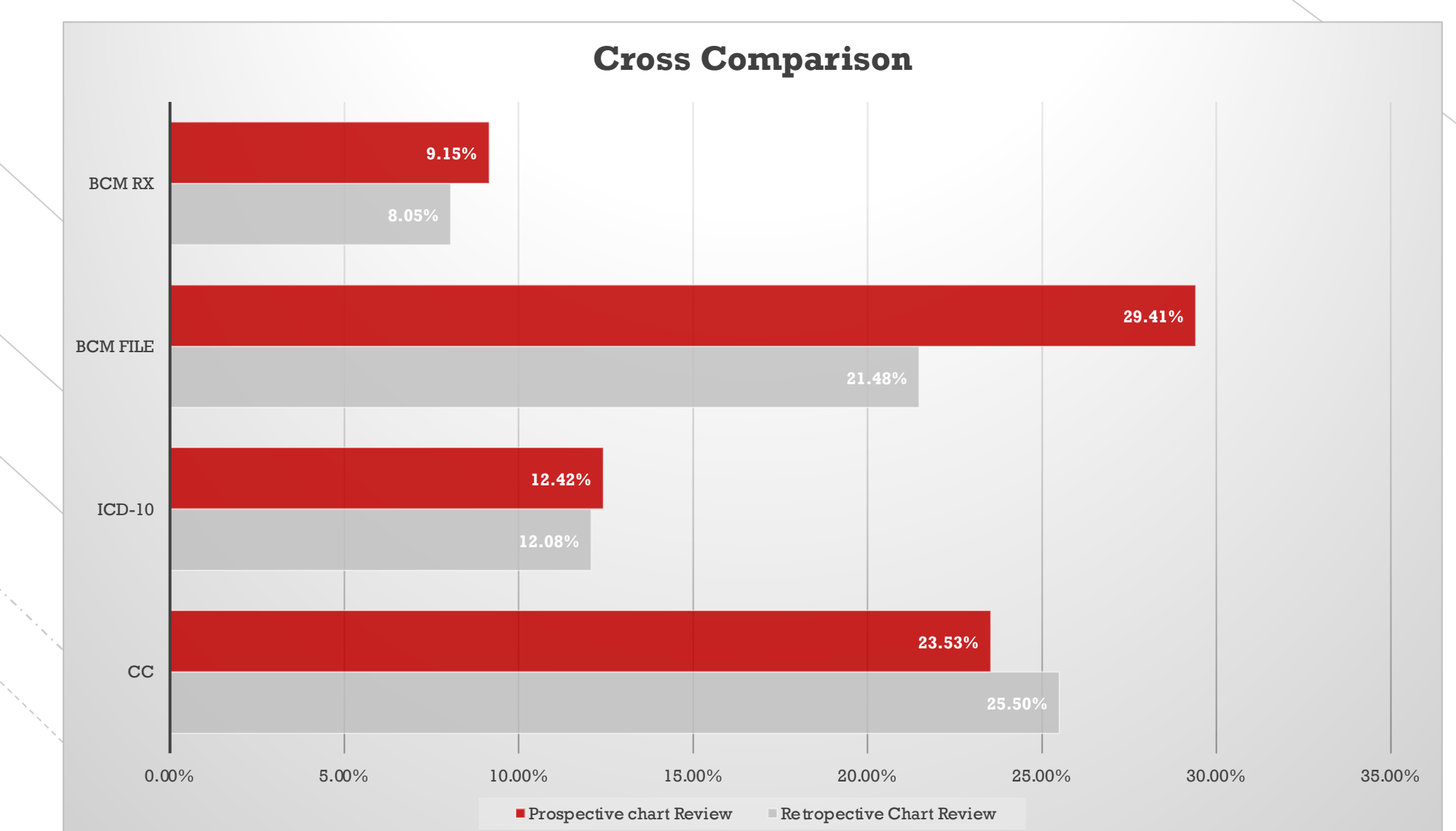
Completed using SPSS. Statistical Analysis: Descriptive Statistics and Chi-Square Test.

Evaluation Plan

Survey sent to participants requesting evaluation of project: two Likert-scale, one close-ended, and three open-ended questions.

Results

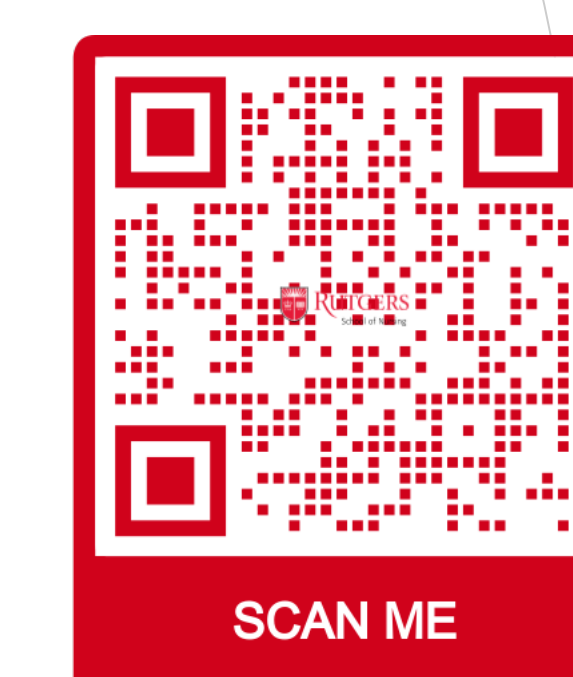
- A total of 302 charts met criteria (149 retrospective/153 prospective).
- Retrospective Chart Review:
 - Mean age was 27.56. 60.40% were Black, 15.44% were White, & 24.16% did not report. 35.57% were Hisp, 63.09% were Non-Hisp, & 1.34% did not report.
- Prospective Chart Review:
 - Mean age was 26.50. 74.51% was Black, 14.48% was White, 1.96% was Asian, & 9.15% did not report. 16.34 % was Hisp, 82.35% was Non-Hisp, & 1.31% did not report.
- Cross comparison did not yield statistical significance, although clinical significance was seen.



Implications

- CC Protocol can help in decreasing the economic burden of unintended pregnancies and decrease the U.S. healthcare cost (Sonfield & Kots, 2015).
- Protocols can enhance the quality of care (Carter et al., 2016).
- The project will be the foundation for the development of a written policy as the standard of care at the health center (Akers et al., 2010).
- Evidence-based protocols will ensure the care provided is uniform amongst personal (Carter et al., 2016).
- Elevate the standard of care provided to all women (Dehlendorf et al., 2010).

References



Contact

Raquel Reyes, BSN, RN, FN-CSA, CCE, CLC
Email: rr1041@sn.rutgers.edu