

Challenges of Contraceptive Counseling in the Primary care setting: A retrospective chart review

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Disclosures

- Nothing to disclose

Objectives

- Agree that women with comorbid illnesses receive inappropriate to no contraceptive counseling.
- Recognize that there remains a need for contraceptive counseling in the primary care setting.
- Identify women whose medical conditions place them at risk for unintended pregnancy and lack of contraceptive counseling
- Utilize information presented to improve Reproductive Health for women with comorbid illnesses in your practice.
- Develop a standard form or inclusion in current Electronic Medical Record (EMR) for consistent documentation of contraceptive counseling

Purpose

- ▣ A needs assessment project designed :
 - To determine if high risk female patients of reproductive age are receiving adequate and appropriate contraceptive counseling.

Problem/Background

- ▣ Studies have shown that women with chronic medical conditions receive less or inappropriate contraceptive counseling.
- ▣ Seventy-five percent of women of reproductive age who see a primary health provider annually, less than half receive the recommended contraceptive counseling services.
- ▣ Research indicates that the inclusion of contraceptive counseling as part of a primary care visit influences compliance of use.
- ▣ Women whose chronic medical conditions or medication use places them at risk for unintended and high risk pregnancy can benefit from contraceptive counseling services in the primary care settings.

Clinical Questions

- 1) What proportion of patients had contraceptive counseling documented in the chart?
- 2) What proportion of patients received a new or renewed prescription?
- 3) What proportion of patients was prescribed the appropriate contraceptive for their chronic medical conditions?
- 4) Are there significant differences between women who receive appropriate contraceptive counseling when compared with those women who do not receive this counseling?

Sample Setting

- Federally Qualified Health Center (FQHC) located in East St. Louis, IL.
- FQHC provides comprehensive care in a community setting serving low-income patients.

Sample population

Inclusion criteria

- Women between the ages of 18-45
- Identified as having one or more ICD codes for a chronic medical condition
- Women received primary care and or mental health services between January 1 ,2012 and December 31, 2012

Exclusion criteria

- Males
- Women < 18 yrs. of age and > than 45
- Clinic visits prior to January 1, 2012 or after December 31, 2012

Sample Design

- A sampling of 115 (paper) charts meeting the project criteria.
 - Age
 - Chronic medical condition diagnosis
 - Clinic visits dates within parameters
- Data obtained from charts was entered into an excel spreadsheet and transferred using a HIPPA compliant secure file messaging system.
- Data stored on a password protected computer, de-identified and not linked to the patient in anyway.
- Homogenous sample population representative of the East St. Louis service community.

Methods- Retrospective Chart Review

Review of medical records and extraction of the following patient-level data:

- Demographics (age, race, insurance status, marital status)
- Documentation of a chronic medical condition
- Women's reproductive status
- Documentation of contraceptive counseling
- Documentation of contraceptive prescription

Data analysis

- Descriptive statistics--mean, median, frequencies and percentages were calculated to characterize the study population.
- T-test (for age) and Chi-square analyses (for all other variables) were performed to compare those who had documented counseling and those who did not.
- A p-value of <0.05 was used to indicate significance.

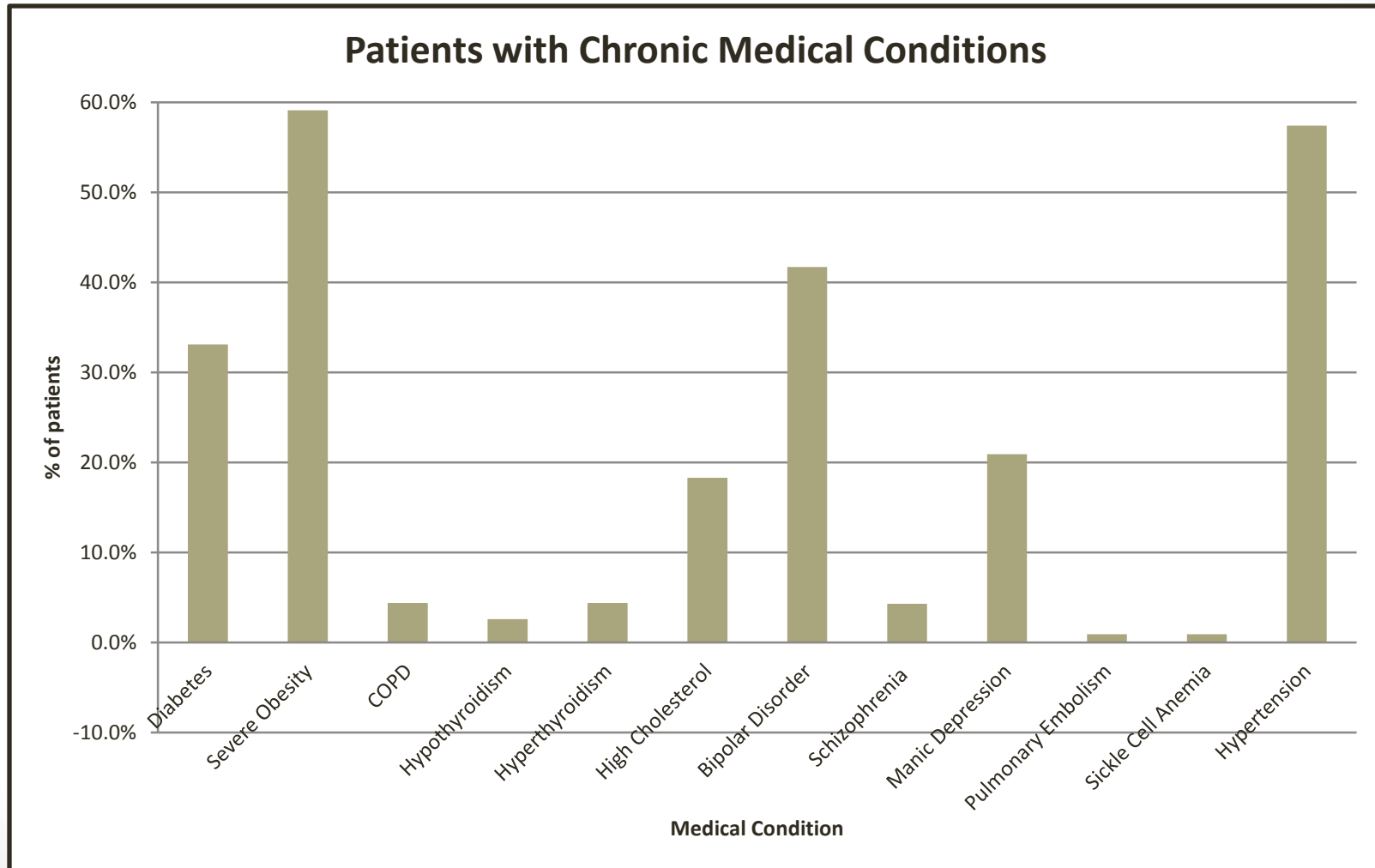
Data Results

Demographic characteristics

	Chart reviewed (n=115)	
Mean (Median) Age	36.01 (39)	
Race		
African American	71 (61.7%)	
White	37 (32.2%)	
American Indian	1 (0.9%)	
Unknown	3 (2.6%)	
Missing	3 (2.6%)	
Insurance Status		
Medicaid	68 (59.2%)	
Medicare	3 (2.6%)	
Sliding Scale	30 (26.1%)	
Homeless Grant	1 (0.9%)	
Missing	13 (11.3%)	
Parity		
No children	2 (1.8%)	
Children	18 (15.6%)	
Missing	95 (82.6%)	
Marital Status		
Single	78 (67.8%)	
Married	18 (15.7%)	
Divorced	10 (8.7%)	
Widowed	3 (2.6%)	
Missing	6 (5.2%)	

Data Results

Chronic Medical Conditions



Data Results

Documented counseling vs. No documented counseling

	Documented Counseling (n=9)	No Documented Counseling (n=106)	P-value
Race			
African American	9 (100 %)	62 (87.3%)	0.012
Other	0 (0%)	44 (41.5%)	
COPD			
Yes	2 (22.2%)	3 (2.8%)	0.048
Last Menstrual Cycle Documented Yes	7 (77.8%)	39 (36.8%)	0.029

Discussion

- More than 90% of charts reviewed **did not** have contraceptive counseling documented.
- Less than 2% of reviewed charts documented a written prescription or contraceptive counseling.
- Those who received contraceptive counseling were more likely to be African American, have COPD, and also have their menstrual cycle documented.

Project Implications

- ▣ Documentation of contraceptive counseling in a FQHC primary care setting:

Is counseling being performed but not being documented?

Development or use of a standard form for documentation of contraceptive counseling and/or use.

Inclusion of informatics application to EMR (prompt or reminder of needed counseling).

Implications cont.

self assessment

- ▣ Provider education :

 - Are deficiencies in counseling results of perceived barriers?

 - Structured contraceptive education intervention for providers.

 - Adaption of American College of Obstetricians and Gynecologist (ACOG) protocols for contraceptive use in high risk populations.

- ▣ Project expansion to include :

 - Assessment of contraceptive services in other primary clinical sites.

 - Expanding project to include intervention of implications and reassessment for change in practice 6 months post intervention

Strategies for Disseminating project

Goal: what impact do I/you hope to have?

- Change practice behavior of primary and mental health providers
- Improve reproductive health for women ages 18-45 with chronic medical conditions

Audience: who is affected most by project results?

who would be interested in learning about project?

- Women ages 18-45 with chronic medical conditions
- Primary and Mental health providers
- Organization

Strategies for Disseminating project results cont.

Medium: what is the most effective way to reach my/your audiences?

- Monthly staff and provider meetings
- Share evidence based research with colleagues

Execution: when should each aspect of dissemination plan occur?

- Needs assessment
- Protocol development
- IRB submission
- IRB approval
- Data collection
- Data analysis
- Completion of study

References

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