INTRODUCTION

• Nearly half of the 6.1 million pregnancies in the United States are reported as unplanned (Guttmacher, 2014).
• Increasing the ability of women to control fertility and postpone childbirth would enhance maternal health outcomes (Clinical, Medsman, & Shah, 2014).
• A Long Acting Reversible Contraceptive (LARC) is a method that has the lowest use failure rates, but it is underutilized (Andrews, Wu, & Barbash-Schueler, 2014).
• Access barriers include cost, clinician and patient misconceptions, and lack of clinician training to provide effective counseling (Finer & Zolna, 2014; Sieving et al., 2014).
• Standardized counseling to promote contraception was associated with improved effective method choice (LARC) and knowledge of method side effects (Halpern, Lopez, Grimes, Stockton, & Gallo, 2013; Mullersman et al., 2014; Secor et al., 2014; Savige et al., 2014).
• The Gather Guide to Counseling places emphasis on the patient and provider relationship and effective communication. It follow steps six (Buckner, 1999).

MATERIALS AND METHODS

• HCPs were asked to document key data after receiving a training about how to use the Gather Guide to Counseling on November 2nd, 2014.
• The electronic medical records of females (n=40), aged 18-50, who were treated at Kodiak Area Native Association (KANA) from August, 2016 to February, 2017, and who sought reproductive/contraceptive health services were reviewed.
• Power 3.1 was utilized to determine power based on the sample size of 40 using a ‘Post Hoc’ power calculation. This yielded a power of 0.92.
• Charts were reviewed in February, 2017 to determine baseline to post intervention (i.e. before the Gather Guide to Counseling intervention occurred and after).
• Systematic random sampling until 40 charts met inclusion criteria.
• Data collected included demographic and clinical data:
  - Age, race/ethnicity, residence, type of insurance, religion, marital status, and pregnancy history
  - Contraceptive method choice
  - Provider documented contraceptive counseling with ICD 10 code, by documentation of contraceptive counseling, or by documentation of the Gather Guide to Counseling in EMR
• Chi-square tests were used to examine changes on contraceptive choice and contraceptive counseling documentation.

OUTCOME 1 MET:

• LARC method use before implementation of the Gather Guide to Counseling was 17.5% (n=7) in the first group and 32.5% (n=23) in the second group.
• \( \chi^2 (1) = 3.66, p = .058 \), the phi (Φ) of 0.3 indicates a moderate clinically significant increase in LARC method choice.
• After the intervention, participants were almost twice more likely to choose a LARC method of contraception, OR= 15.857, 95% CI [1.079, 1.06], \( p = 0.046 \).

RESULTS

<table>
<thead>
<tr>
<th>Outcome 1 MET</th>
<th>Gather Guide to Counseling Document Frequency Distribution</th>
<th>LARC Method Use Frequency Distribution</th>
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<tbody>
<tr>
<td></td>
<td>- Increase in LARC method use after training</td>
<td>- Increase in LARC method use after training</td>
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<td>for female patients treated in the second group</td>
<td>for female patients treated in the second group</td>
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CONCLUSIONS

• Influence of patient adherence on cost benefits, effectiveness, and accessibility of contraceptive services has been noted (Guttmacher, 2014).
• The inclusion of the Gather Guide to Counseling in current practice provides structure when enacting any method of contraception.
• After receiving the Gather Guide to Counseling training, HCPs documented use of the Gather Guide to Counseling in EMR for 75% of patients.
• Documentation of contraceptive counseling in EMR showed an increase from 25% (n=13) in the second group.
• The Gather Guide to Counseling provides structure when enacting any method of contraception.
• Repealing or altering the current ACA may reintroduce barriers to access of contraception, specifically cost barriers.
• Structured contraceptive counseling is a highly recommended intervention for improving patient adherence to hormonal and non-hormonal methods of contraception. (Baglioni et al., 2013; Oringanje et al., 2014; Secor et al., 2014; Savige et al., 2014).

• The results from this quality improvement project support partnered decision making and encourage further investigation to better understand the influence of structured contraceptive counseling tools, like the Gather Guide to Counseling, on contraceptive method choice.

REFERENCES


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