Quality and Safety in Unintended Pregnancy and Prevention Care
Destiny’s Care
(Patient Situation #1)

The Patient
Destiny is a 17 year-old girl who was admitted to the orthopedic floor post-surgery for the pinning of a nondisplaced hip fracture status after a fall from a horse. She is scheduled for discharge today. The discharge planning process began this morning but it is now later in the afternoon. Destiny is expected to leave in the next hour or two.

The Setting
A large hospital. Today the unit is very busy and the nurses have heavy caseloads.

What Happened
As the nurse reviews discharge instructions, including a medication plan for pain relief at home, Destiny sheepishly tells the nurse that when she was asked in the emergency room about medication use and was specifically asked about hormonal contraceptive methods, she said was not honest about the fact that she uses birth control pills.

Destiny has now been off the pill for 3 days and needs to resume birth control use. She was on her last month of pills and has only a few pills left in the pack. She is not sure how she will get her refills at her local clinic during her recovery at home.

Although she is not anticipating that she will be sexually active in the near future due to her recovery from surgery, the birth control pills lessen the amount of her menstrual flow and decrease cramping for her. For this reason Destiny would like to resume her birth control pills right away so that she does not have a heavy period while she is recuperating.
Are oral contraceptives contraindicated for Destiny?

If Destiny is immobile for an extended period of time during recuperation from surgery, she is at risk for deep vein thrombosis (DVT). In this case, a hormonal method may compound her risk of DVTs. Destiny's use of pills need to be discussed with her orthopedist in light of her post-operative recovery activity level.

Most patients are encouraged to ambulate beginning a few hours after surgery and to gradually increase activity each post-op day. Since she will be ambulating, her provider states that resuming low dose oral contraceptives upon discharge is allowed.

Destiny's revelation about taking oral contraceptives was a surprise to the nurse on duty. The nurse expected a straightforward session of discharge planning to be finalized when Destiny’s father returned to take her home.

Can Destiny receive contraception without a parent’s consent?

In *Minor’s Rights Versus Parental Rights: Review of Legal Issues in Adolescent Health Care* Maradiegue provides a detailed historical overview of privacy and confidentiality laws for minors obtaining contraception, and discusses the clinical implications for practice. Each state has different laws regarding a minor’s right to consent to health care services without parental permission. The Guttmacher Institute brief, *An Overview of Minors’ Consent Law*, provides background information and includes a chart comparing state laws on minors’ right to consent to contraception, sexually transmitted infection screening and treatment, abortion services, prenatal care, and medical care for a minor’s child.

Given that Destiny has already received contraception from a clinic that provided her with confidential services, this patient scenario takes place in a state that allows minors to obtain contraceptive services without parent consent.

To provide patient-centered care and adhere to evidence-based practice the nurse works with Destiny to meet her contraceptive needs. The nurse knows that the Centers for Disease Control and Prevention (CDC) state that healthy adolescents may safely use any form of highly effective contraceptives, including long acting reversible contraceptives (LARC), and it is important to be sure teens who are having sex know about all methods of contraception. Importantly, the 2006—2010 *National Survey of Family Growth (NSFG)* revealed that less than one-third of 15- to 19-year-old female subjects consistently used contraceptive methods at last intercourse.
In the American Academy of Pediatrics policy statement *Addendum—Adolescent Pregnancy: Current Trends and Issues* (2014) it is noted that there has been a trend of decreasing sexual activity and teen births and pregnancies since 1991, except between the years of 2005 and 2007, when there was a 5% increase in birth rates. Currently, teen birth rates in the United States are at a record low. This trend may be due to increased use of contraception at first intercourse and use of dual methods of condoms and hormonal contraception among sexually active teenagers (Hamilton and Ventura, 2012). Despite these data, the United Nations Statistic Division reports that United States continues to lead other industrialized countries in having unacceptably high rates of adolescent pregnancy, with over 700,000 pregnancies per year, the direct health consequence of unprotected intercourse.

To better address patient-centered care, the *Triple Aim* framework, developed by the Institute for Healthcare Improvement, describes an approach to optimizing health system performance based on three aims: improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care. The framework helps organizations and communities transition from a focus on health care to a focus of optimizing health for individuals and populations.

In this situation, the nurse can improve Destiny's quality of care by meeting her reproductive health needs. Ultimately, meeting Destiny's needs has the potential to decrease health care costs by preventing unintended pregnancy. In *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program* the Guttmacher Institute found that for every $1 the U.S. government spent on funding family planning programs, over $7 was saved in Medicaid and other public expenditures associated with unintended pregnancy related care.

**What Happened (continued)**

After Destiny's question the nurse thinks about the list of patient care tasks he must perform. How will he re-adjust his work plan, create time to address Destiny's needs, and attend to nursing tasks in a timely manner? This process of reorganizing and re-setting work plan priorities is called cognitive stacking.
When the number of nursing activities reaches a high cognitive stacking load, the nurse’s ability to focus in an active, quickly retrievable state may be lessened. A high cognitive stacking load may override the nurse’s ability to appropriately attend to a given patient’s priorities. A high stacking load may lead to errors or omissions. Researchers have found numerous work patterns that add to the complexity of nurses’ work including disorganized supply sources, missing supplies, and frequent interruptions. In addition, Ebright et al. (2000) and Potter et al. (2005) found nurses make tradeoffs in an effort to balance the often conflicting goals of maintaining patient safety, avoiding increasing complexity, preventing getting behind, and maintaining patient and family satisfaction. The authors suggest that research can no longer focus solely on the impact of working conditions on patient safety but must study the impact of the work environment on nurses’ complex clinical decision-making.

What Happened (continued)

The product information instructions for oral contraceptives state that if three or more pills are missed in a row, throw out the rest of the pill pack and start a new pack the same day. Destiny will not be able to get to the clinic in the near future to pick up pills since she cannot drive for a few weeks. How can the nurse help assist in problem solving?
Providing interprofessional, team-based care

The nurse is skilled in teamwork and collaboration and it is important to engage members of the health care team to address patient concerns, to provide high quality care, and to assure patient satisfaction. QSEN states teams should function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Many hospital systems have adopted TeamSTEPPS as an evidence-based teamwork system to improve communication and teamwork skills among health care professionals. TeamSTEPPS (safe, timely, effective, efficient, patient centered) was developed by the Department of Defense’s Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality. The goal of the system is to produce effective teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for patients, increase team awareness, clarify team roles and responsibilities, resolve conflicts, improve information sharing, and eliminate barriers to quality and safety. In this scenario, the nurse used a team-based approach to meet Destiny’s contraceptive and confidentiality needs.
What If...

This section offers a twist or a different perspective on “What Happened” to guide and encourage learners to tease apart various aspects of the Patient Situation.

Destiny wants to change her contraceptive method in three months?

If Destiny decides she is not interested in continuing with depot medroxyprogesterone acetate (DMPA), the nurse in the outpatient clinic will need to facilitate contraceptive decision-making. In the course of this discussion, Destiny acknowledges that she had difficulty remembering to take oral contraceptive pills consistently. As part of the health care team, this nurse has the skill to take a sexual history, facilitate a discussion of reproductive life planning, provide information on contraceptive options and convey all of this to Destiny’s provider.

Taking a Sexual History

Many patients are uncomfortable providing private information about their sexual history and behaviors. In A Guide to Taking a Sexual History the CDC provides recommendations for skills building in this area, which is essential to unintended pregnancy prevention care. It is important to acknowledge the nature of the questions, assure confidentiality, and explain that understanding this part of the patient’s life will help guide discussion on choosing the contraceptive method that will work best for the individual.

Bright Futures provides professional guidelines that recommend all teens have their first reproductive health visit between ages 11 and 15 years, with regular reproductive health visits throughout the adolescent years. Some discussions, such as sexual history taking and counseling, may best be had privately between the teen and the provider. Other times during the visit it may be important to include the teen’s parents or guardians. The Bright Futures textbook and online resource provides detailed information on well-child care for health care practitioners. It is considered the gold standard of pediatric care, including adolescent care.

Reproductive Life Plan Assessment

Assessing and helping a patient understand his or her reproductive life plan is a way for clinicians to provide preconception care and to work with patients to develop a contraceptive plan that will work best for the patient. In Preconception Health and Health Care: Information for Health Professionals the CDC provides information on the evidence-based effectiveness of preconception interventions, how to incorporate them into clinical practice, and links to other resources such as “Clinical Content for Women” and “Reproductive Life Plan Tool.”

Before, Between & Beyond Pregnancy also describes how to assess a patient’s reproductive life plan, provides some key questions that will help solidify the plan, and makes recommendations on integrating reproductive life plan assessments into clinic operations.

Contraceptive Counseling

Contraceptive counseling should always be patient centered, that is, provided in a respectful manner that ensures that each person is supported in identifying the method that best meets his or her needs.
After discussing Destiny’s experiences with various forms of birth control to understand her reactions and preferences, the nurse can use a tiered approach to contraceptive counseling, which involves presenting the most effective methods first. In 2016, the CDC released *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office Of Population Affairs*, which offers guidance on providing high quality family planning and related preventive health services, including recommendations to use a tiered approach to contraceptive counseling and management. The CDC’s *Selected Practice Recommendations for Contraceptive Use* and the U.S. Medical Eligibility Criteria for Contraceptive Use provide evidenced-based counseling and management recommendations for various contraception methods.

A useful way to think about the efficacy of reversible contraceptive methods is to use the terminology devised by the authors of Contraceptive Technology.

- **Tier One**: IUDs and implants. Failure rates >1%.
- **Tier Two**: injections, oral contraceptives, patches and rings. Failure rates 6–12%.
- **Tier Three**: diaphragms, male and female condom, fertility awareness, spermicides and withdrawal. Failure rates >12%.

The interactive website, Method Match, from the Association of Reproductive Health Professionals (ARHP) provides fact sheets on different methods of contraception that includes information on efficacy, how each method works, benefits and contraindications of each. In addition, the Counseling Session video from LARC First is available in English and in Spanish, and provides a demonstration of high quality, non-directive counseling on contraception options.

**References**


Before, Between, and Beyond Pregnancy. http://beforeandbeyond.org/
