

THE CALIFORNIA HEALTH WORKFORCE PILOT PROJECT PROGRAM (HWPP #171)

Nurses' Role in Unintended Pregnancy Prevention: Nurses as Abortion Care Providers

Background

Unintended pregnancy, defined as mistimed or unplanned pregnancy,¹ is associated with significant personal and societal costs.²⁻⁵ The U.S. Healthy People objectives for 2000,⁶ 2010,⁷ and 2020^{8,9} all address the goal of reducing unintended pregnancy, but despite advances in contraceptive methods, little progress has been made toward achieving this goal and estimated rates of unintended and unwanted pregnancy in the United States range from 45%-51%.¹⁰⁻¹² Sexual and reproductive health (SRH) promotion and prevention services delivered across the lifespan within a comprehensive public health framework can provide people with the knowledge and tools to exercise intention over the incidence of pregnancy.²

Nurses—both registered nurses (RNs) and advanced practice registered nurses (APRNs)—have a long tradition of participating in SRH care and reproductive rights, including preconception care, management of planned and unintended pregnancies, and promotion of sexual health.^{13,14,4} In the provider-patient relationship that is established when a woman seeks care related to an unintended pregnancy, nurses provide essential services that have the potential to influence health in profound and meaningful ways.

As active contributors to the development of practice-based models and strategic initiatives focused on SRH and unintended pregnancy prevention, nurse scholars-practitioners have published (1) emerging scientific findings about unintended pregnancy in the United States;^{15,16} (2) information about the historical role of nurses in promoting and protecting SRH in the United States and the United Kingdom;^{14,17,18} (3) a public health model for primary, secondary, and tertiary prevention of unintended pregnancy;^{2,19-22} and (4) strategies for aligning practice and education for all health professionals providing care for populations at risk for unintended pregnancy.²³

What is a public health model for providing SRH care?

Although SRH care is sometimes narrowly conceptualized as maternal-child, family planning, or women's health care, the World Health Organization (WHO) has advanced a definition that calls for a broader array of SRH care that is universally accessible and tailored to needs across populations, lifespan, and with a focus on health equity.²⁴ At a minimum, this would include preconception care, contraception, pregnancy and unplanned pregnancy care, women's health/common gynecology care, genitourinary conditions of men, assessment of specialty gynecologic problems including infertility, and sexual health promotion delivered within an integrated system of public health and primary care services.²⁴

When focused and coordinated, preventive efforts are viable ways to reduce rates of unintended pregnancy in the United States. These include strategies such as normalizing contraceptive and preconception care (primary prevention), as well as pregnancy options coordination of adoption, prenatal care, and abortion care services (secondary prevention), and assessment, management, and follow-up of unintended pregnancy (tertiary prevention) in a public health framework that is integrated into the broader health care system.²

An evidence-based blueprint for a coordinated system of primary, secondary, and tertiary prevention is proposed for health care professionals providing care for people at risk for unintended pregnancy,^{2,14,19} and this factsheet discusses the role of nurses in its implementation.

The role of nurses in primary prevention of unintended pregnancy

Nurses have a long tradition of provision of SRH care to a large proportion of underserved and economically vulnerable people.^{25,26} Nurses are in an ideal position to

initiate primary prevention methods such as engaging women in dialogue about a lifetime reproductive plan, including strategies to avoid unplanned or mistimed pregnancy.²

Additional forms of primary prevention of unplanned pregnancy offered by nurses^b include education and counseling regarding implantable devices (e.g., subcutaneous or intrauterine), as well as lifestyle modifications aimed at optimizing general and reproductive health and protecting future fertility.^{2,14} As Levi et al.¹⁴ note, negative pregnancy test visits represent a particularly effective, and often underused, opportunity to provide contraceptive counseling.

Nurses as providers of secondary prevention of unintended pregnancy

The scope of practice of NPs and CNMs includes the provision of secondary prevention to women with unintended pregnancy.^{19,20} Secondary prevention includes assessment of a mistimed or undesired pregnancy, counseling regarding pregnancy options specific to the stage of the pregnancy, support of the woman's choice to terminate or maintain the pregnancy, referral or provision of the appropriate services, care coordination, and prevention of future unintended pregnancies.^{14,19} Registered nurses, and RNs, NPs, and CNMs who have been trained to competency, can safely provide medication and aspiration abortions.^{2,10,27-31} Recent studies support the safety of both medication and aspiration abortion provided by NPs and CNMs.^{27,32}

Nurses providing tertiary prevention of unintended pregnancy

Assessment of pregnancy status, including determining gestational age and ascertaining whether the pregnancy is unintended, is the nurse's initial focus. If the pregnancy is mistimed or undesired and the gestational age is later than the first trimester, the nurse or midwife would then discuss the range of available options, including options for termination as well as pregnancy continuation with the goal of adoption and/or pregnancy with the goal of parenthood.^{2,14,19} Women with late-stage mistimed and/or unwanted pregnancies are at risk for poor psychosocial outcomes and often require crisis counseling and active care coordination by the NPs and CNMs providing their care.² Post-abortion or post-delivery care are additional tertiary prevention measures, as is counseling to prevent future unintended pregnancy.^{2,14,33,34}

What barriers exist to the full inclusion of nurses in all levels of unintended pregnancy prevention and abortion provision?

A number of personal, professional, and sociopolitical barriers interfere with nurses' full participation in primary, secondary, and tertiary prevention of unintended pregnancy. **Personal barriers** include moral concerns nurses may have about participating in abortion care³⁵ as well as concerns about being identified as a provider of a service that is often marginalized and stigmatized.³⁶⁻³⁸ Studies also cite factors such as lack of standardized training^{2,12,13,21,35} and lack of confidence in one's own competence to provide abortion care services as **professional barriers**.^{12,35,39} Finally, **social and political factors** such as legislative restrictions^{3,10,28,40-42} regarding the types of providers or facilities that can provide abortions and scope of practice limitations^{28,43} have created barriers to NPs and CNMs practicing to the fullest capacity of their scope of practice and training in all levels of unintended pregnancy prevention and management.

What strategies could be employed as potential remedies to these barriers?

Including nurses, NPs, and CNMs at every level of unintended pregnancy prevention and promoting their practice at the highest level of their education and training will require a deliberate, innovative, and multifaceted approach. States that have been successful at integrating NPs and CNMs across the full spectrum of SRH care can serve as examples to legislative and professional bodies seeking to expand abortion care services in their own states.^{3,10,27,43} Exposure to the public health model of unintended pregnancy prevention, including medication and aspiration abortion services, can be systematically incorporated into professional education programs, and establishment of core competencies can inform learner-centered training of nurses providing SRH care,^{13,14,19-21,35,42,44} resulting in nurses who are competent and confident in their ability to provide unintended pregnancy prevention at all points along the SRH continuum.^c Finally, online resources such as the [Abortion Provider Toolkit](#),⁴⁵ the [Early Abortion Education & Training Guidelines](#), and the ANSIRH/HWPP repository of Evidence-to-Action materials can serve as clearinghouses of information and experience to support continued expanded access to SRH services, especially unintended pregnancy prevention.

Endnotes

^a Nursing roles in the delivery of SRH are highlighted in a 2012 report by the RAND corporation (see pages 63-68 in Auerbach et al²⁵)

Current trends in supply and demand for sexual and reproductive health (SRH) services, particularly for low-income individuals, suggest a growing gap in the next decade, with demand outstripping supply of competent health professionals. Expanding SRH access in public and private health sectors through the integration of SRH in primary care by all frontline health workers is recommended⁴⁶ (see also pages 58-59 in Auerbach et al²⁵)

^bAdvanced practice nurses (NPs and CNMs) provide full scope of contraceptive prescription including insertion of intrauterine devices and contraceptive implants. In many states, RNs and public health nurses provide hormonal contraception under standing orders and facilitate the administration of long acting contraception for people in private and public health systems.

^cSee RhN website for RN competencies in unintended pregnancy prevention: rh nursing.org/area/resources-for-educators/

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