

C1.3 – ONE KEY QUESTION

Policy

Preconception assessment and counseling are useful tools not only for clients planning to become pregnant, but also for men and women in promoting their own health. Preconception assessment and counseling should be a part of health care for every person of reproductive age.

One Key Question® (OKQ), a program of Power to Decide, provides a framework to start a conversation with clients about if, when, and under what circumstances they and/or their partners want to get pregnant and have a child. Clinical Service Providers (CSP) are strongly encouraged to utilize the OKQ framework receive training to ensure:

- They provide person-centered counseling.
- They are responsive to clients’ cultural, religious, and personal values and preferences.
- They are aware of and continue to address personal biases that may impact client care.
- They are respectful of a range of pregnancy intentions.
- Clients are aware of all reproductive health services.
- All client choices are free of coercion.

Procedure

Each SR will ensure clients are asked the question, “Do you want to become pregnant and/or a parent within the next year?” and given the following options for a response: “Yes”, “No”, “Unsure” or “Ok either way”. Based on the client’s response, the CSP will use the OKQ Clinical Algorithm® tool to provide preconception/interconception or contraception counseling and care or a combination of both.

All clients will be asked OKQ at all client visits, with the following exceptions outlined below:

Situation	When to Ask OKQ
Clients who have had a hysterectomy, bilateral oophorectomy, are naturally or prematurely menopausal, or sterilization.	Never.
Clients who are abstinent and accessing services for reasons other than preventing pregnancy. Clients seeking follow-up care for contraception that they are using appropriately and consistently.	Revisit annually or if the client reports a change.
Frequent access clients – those accessing STI screenings or other services weekly or bi-weekly.	Every 3 months at a minimum.

Counseling, Education and Care

Based on the client’s response, provide the following counseling, education and care. This is based on the OKQ Clinical Algorithm®.

Client Responds “Yes”

- Counseling/Education:
 - When would you like to become pregnant? (If client is not trying to get pregnant immediately, assess for birth control use and consider contraceptive counseling.)
 - Educate on simple ways to prepare for a healthy pregnancy (i.e. start prenatal vitamins)

- Preconception/Interconception Care:
 - Prescribe or dispense a prenatal or multivitamin with folic acid at least 400mcg.
 - Note that it is important to begin taking folic acid 1-3 months before getting pregnant
 - Discuss significant risk of pregnancy intervals of less than 6 months. Encourage at least 18 months between a birth and the next conception.
 - Review medications and assess for teratogenicity
 - Screen for and manage chronic conditions.
 - Evaluate drug/alcohol/smoking risks.
 - Identify support system.
 - Assess for safety/violence.
 - Recommend healthy diet, daily exercise, plenty of sleep, stress reduction.
 - Screen for STIs, toxins and other exposures in the home or at work, and dental status.

Client Responds “No”

- Counseling/Education:
 - Are you currently using a birth control method?
 - How is this method working for you?
 - How important is it to you to prevent a pregnancy?
 - What is most important to you in a birth control method?
- Contraceptive Care:
 - If the patient is satisfied with their method, no other care is needed.
 - Recommend birth control methods based on patient’s response to questions.
 - Evaluate for correct and consistent use.
 - Provide full range of contraceptive methods onsite or through referral.
 - Offer and educate about emergency contraception (EC).

Client Responds “Unsure” or “OK Either Way”

Note that it is not the responsibility of the CSP to resolve the client’s ambivalence or change their pregnancy desires.

- Counseling/Education:
 - Do you want to have (more) children in the future? If yes, when might that be?
 - How would you feel if you found out you were pregnant today?
 - How important is it to you to prevent a pregnancy now?
 - Are you currently using a birth control method? How is this method working for you?
 - Can we talk about some simple ways to prepare for a healthy pregnancy?
- Preconception/Interconception/Contraceptive Care – based on client responses:
 - Prescribe or dispense a prenatal or multivitamin with folic acid at least 400mcg
 - Note that it is important to begin taking folic acid 1-3 months before getting pregnant.
 - Recommend at least 18 months between a birth and the next pregnancy.
 - Review medications and assess for teratogenicity
 - Screen for and manage chronic conditions.
 - Evaluate drug/alcohol/smoking risks.
 - Identify support system.
 - Assess for safety/violence.
 - Recommend healthy diet, daily exercise, plenty of sleep and stress reduction.

- o Screen for STIs, toxins and other exposures in the home or at work, and dental status.

Refer to Policy, Preconception Assessment and Counseling for preconception care.

- Contraceptive Care:
 - o If the patient is satisfied with their method, no other care is needed.
 - Recommend birth control methods based on patient’s response to questions.
 - Evaluate for correct and consistent use.
 - Provide full range of contraceptive methods onsite or through referral.
 - Offer EC.

Documentation

Document specific client responses and details on counseling provided in participants' medical health record and required data elements in the FP database.

Date Revised	September 2023
References	
Additional Resources	http://www.cdc.gov/ncbddd/preconception/QandA.htm http://www.marchofdimes.com/ click “Before pregnancy” http://www.health.state.ut.us/rhp/pdf/RLP_Adult.pdf http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm http://beforeandbeyond.org/toolkit/ http://beforeandbeyond.org/toolkit/