



Complete Summary

GUIDELINE TITLE

Prevention of unintended pregnancy in adults 18 years and older.

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Prevention of unintended pregnancy in adults 18 years and older. Southfield (MI): Michigan Quality Improvement Consortium; 2007 Jun. 1 p.

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Unintended pregnancy

GUIDELINE CATEGORY

Counseling
Evaluation
Prevention
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Internal Medicine

Obstetrics and Gynecology
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Health Plans
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the prevention of unintended pregnancy through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key management components of prevention of unintended pregnancy to improve outcomes

TARGET POPULATION

Males and females 18 years and older

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation/Risk Assessment

1. Assessing for risk of unintended pregnancy by asking about sexual activity, past pregnancy, abuse, use of birth control or protection, and intention to become pregnant or father a child

Counseling/Prevention

1. Counseling patients regarding risk of pregnancy and adverse outcomes associated with unintended pregnancies
2. Discussing contraceptive methods and offering prescriptions
3. Encouraging latex condom use
4. Referring to primary care provider, local health department, family planning clinic, or hotline
5. Follow-up

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies, existing protocols and/or national guidelines on the selected topic developed by organizations such as the American Diabetes Association, American Heart Association, American Academy of Pediatrics, etc. If available, clinical practice guidelines from participating MQIC health plans and Michigan health systems are also used to develop a framework for the new guideline.

NUMBER OF SOURCE DOCUMENTS

Not Stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence for the Most Significant Recommendations

- A. Randomized controlled trials
- B. Controlled trials, no randomization
- C. Observational studies
- D. Opinion of expert panel

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using information obtained from literature searches and available health plan guidelines on the designated topic, the Michigan Quality Improvement Consortium (MQIC) project leader prepares a draft guideline to be reviewed by the medical directors' committee at one of their scheduled meetings. Priority is given to recommendations with [A] and [B] levels of evidence (see "Rating Scheme for the Strength of the Evidence" field).

The initial draft guideline is reviewed, evaluated, and revised by the committee resulting in draft two of the guideline. Additionally, the Michigan Academy of Family Physicians participates in guideline development at the onset of the process and throughout the guideline development procedure. The MQIC guideline feedback form and draft two of the guideline are distributed to the medical directors, as well as the MQIC measurement and implementation group members, for review and comments. Feedback from members is collected by the MQIC project leader and prepared for review by the medical directors' committee at their next scheduled meeting. The review, evaluation, and revision process with several iterations of the guideline may be repeated over several meetings before consensus is reached on a final draft guideline.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

When consensus is reached on the final draft guideline, the medical directors approve the guideline for external distribution to practitioners with review and comments requested via the Michigan Quality Improvement Consortium (MQIC) health plans (project leader distributes final draft to medical directors' committee, measurement and implementation groups to solicit feedback).

The MQIC project leader also forwards the approved guideline draft to appropriate state medical specialty societies for their input. After all feedback is received from external reviews, it is presented for discussion at the next scheduled committee meeting. Based on feedback, subsequent guideline review, evaluation, and revision may be required prior to final guideline approval.

The MQIC Medical Directors approved this guideline in June 2007.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

Assessment for Risk of Unintended Pregnancy

Ask about:

- Sexual activity/involvement, past pregnancy and outcome
- Abuse (e.g., Were you pressured or forced to have sex when you did not want to?)
- Consistent use of birth control or protection (e.g., Does it ever happen that you have sex without using birth control or protection?)
 - If contraception is used, assess type
- Intent to become pregnant or father a child (e.g., Are you trying to get pregnant? Are you trying to father a child?)

If currently pregnant discuss postpartum contraception.

Frequency

At annual health exam; more frequently at the discretion of the health care provider **[D]**

Intervention to Prevent Unintended Pregnancies

Advise and discuss:

- Patient's risk of pregnancy or contributing to an unintended pregnancy
- Risks and adverse outcomes associated with unintended pregnancies

Assess:

- Patient's understanding of risks and readiness to make behavior changes

Assist patients in preventing unintended pregnancy by:

- Discussing all contraceptive methods **[B]**
- Offering prescriptions
- Encouraging consistent latex condom use for sexually transmitted infection prevention **[B]**
- Referring to primary care provider, local health department, family planning clinic, Plan First, federally qualified health center or hotline

Arrange follow-up

Frequency

At annual health exam; more frequently at the discretion of the health care provider **[D]**

Definitions:**Levels of Evidence for the Most Significant Recommendations**

- A. Randomized controlled trials
- B. Controlled trials, no randomization
- C. Observational studies
- D. Opinion of expert panel

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS**TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of evidence is provided for the most significant recommendations (See "Major Recommendations" field).

This guideline is based on several sources including the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report: Recommendations to Improve Preconception Health and Health Care - United States, 06-Apr-2006; 55 (RR-6), (www.cdc.gov).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**POTENTIAL BENEFITS**

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for prevention of unintended pregnancy in adults 18 years and older, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS**QUALIFYING STATEMENTS**

This guideline lists core management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Approved Michigan Quality Improvement Consortium (MQIC) guidelines are disseminated through email, U.S. mail, and websites.

The MQIC project leader prepares approved guidelines for distribution. Portable Document Format (PDF) versions of the guidelines are used for distribution.

The MQIC project leader distributes approved guidelines to MQIC membership via email.

The MQIC project leader submits request to website vendor to post approved guidelines to MQIC website (www.mqic.org).

The MQIC project leader completes a statewide mailing of the comprehensive set of approved guidelines and educational tools annually. The guidelines and tools are distributed in February of each year to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g. endocrinologists, allergists, pediatricians, cardiologists, etc.)

The statewide mailing list is derived from the Blue Cross Blue Shield of Michigan (BCBSM) provider database. Approximately 95% of the state's M.D.'s and 96% of the state's D.O.'s are included in the database.

The MQIC project leader submits request to the National Guideline Clearinghouse (NGC) to post approved guidelines to NGC website (www.guideline.gov).

IMPLEMENTATION TOOLS

Patient Resources
Slide Presentation
Tool Kits

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

This guideline is based on several sources including the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report: Recommendations to Improve Preconception Health and Health Care - United States, 06-Apr-2006; 55 (RR-6), (www.cdc.gov).

DATE RELEASED

2007 Jun

GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium - Professional Association

SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Director's Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Standard disclosure is requested from all individuals participating in the Michigan Quality Improvement Consortium (MQIC) guideline development process, including those parties who are solicited for guideline feedback (e.g. health plans, medical specialty societies). Additionally, members of the MQIC Medical Directors' Committee are asked to disclose all commercial relationships.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Michigan Quality Improvement Consortium Web site](#).

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Preventing Unintended Pregnancy in Adults Provider Toolkit. State of Michigan. 2007. 42 p. Available in PowerPoint format from the [Michigan Quality Improvement Consortium Web site](#).

PATIENT RESOURCES

The following is available:

- Patient fact sheets. State of Michigan. 2 p. Available in Portable Document Format (PDF) from the [Michigan Quality Improvement Consortium Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI Institute on March 5, 2008. The information was verified by the guideline developer on March 12, 2008.

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