Increase access to contraception; Decrease unplanned pregnancy among women in the Military.

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- 390,000 women serving on active duty in the military.
- Approximately 95% of women are of childbearing age.
- Unplanned presents a critical problem for military readiness.
- Unplanned pregnancies interfere with deployment obligations.
- Women who become pregnant while deployed must return from operational assignments.

Aims

- **Aim 1:** Promote patient education that focuses on correct, consistent use of highly effective contraception strategies to prevent unplanned pregnancy.
- **Aim 2:** Assess the effectiveness of the walk-in contraceptive clinic by tracking the number of unplanned pregnancies pre and post-clinic implementation.

**Introduction/Background/Purpose**

- **Methods**
  - Design: Pre/post-test interventional design
  - Setting: Military Medical Center OBGYN Clinic.
  - Sample: A sample size of 111 military beneficiary women seeking easy access to contraception and not ready for pregnancy
  - Intervention: Implementation of an easy access contraception clinic over 12 weeks.
  - Instruments: To evaluate the effectiveness of the intervention, RE-AIM dimensions of reach, effectiveness, adoption, and implementation was used.

**Discussion/Interpretation**

- Literature identified significant themes surrounding contraception access and utilization for active-duty women.
- Themes includes increased rates of unplanned pregnancies among women in the military.
- Barriers that impact easy access to contraception identified.
- Surgeon General of the Navy mandates walk-in contraception clinic across Navy Medicine.
- This quality improvement project addressed themes identified in the literature to include barriers that limit access to contraception.
- This project successfully eliminated known barriers and reflected successful patient, clinic, and staff outcomes.

**Conclusion**

- Walk-in contraception clinic demonstrated feasibility.
- Barriers eliminated and resulted in quantifiable outcomes.
- Easy access to care, improved delivery of best-practice, evidence-based contraceptive services.
- Decrease unplanned pregnancies.
- Historic analysis demonstrated a successful impact among active-duty women.
- High acceptance rate among base leadership and medical staff.

**Results**

<table>
<thead>
<tr>
<th>Type of Contraception</th>
<th>Patient Category</th>
<th>SARC Pre-Clinic/ Post-Clinic</th>
<th>LARC Pre-Clinic/Post-Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Duty Military</td>
<td>N=47/11 (42.9/9.9%)</td>
<td>N=42/84 (37.8/75.6%)</td>
<td></td>
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<tr>
<td>Non-Active-Duty</td>
<td>N=11/1 (9.9/0.9%)</td>
<td>N=11/15 (9.9/13.5%)</td>
<td></td>
</tr>
<tr>
<td>Unplanned Pregnancy</td>
<td>N=20 (18%)</td>
<td>N=3 (2.7%)</td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td>N=90 (81%)</td>
<td>N=111 (100%)</td>
<td></td>
</tr>
<tr>
<td>All Women (16-48)</td>
<td>N=111</td>
<td>N=111(100%)</td>
<td></td>
</tr>
</tbody>
</table>

**Graphs**

- Unplanned Pregnancy
- Long Acting Reversible Contraception (LARC)