



Non-Delayed Access: Establishing a Same Day Walk-in Contraception Clinic for Active Duty Women and Military Spouses



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Purpose and Proposed Change

- Explore the feasibility of removing access barriers to contraception for active duty service members and their beneficiaries in a robust Army gynecology clinic.
- Establish a same day walk-in clinic with the sole purpose of counseling, prescribing services and performing procedures to improve effective, discrete, and non-delayed access to contraception.

Problem

- Active duty members and military beneficiaries desiring contraception education, counseling and prescriptions, must be referred to the Obstetrics and Gynecology (OB/GYN) clinic by their primary care manager.
- The referral process may take weeks to over a month until scheduling occurs thus delaying access to contraception and increasing the likelihood of an unplanned pregnancy.
- Challenges such as organizational processes (cumbersome referral management system and mandatory two visit requirement), limited access to information and services for service members in a deployment setting as well as deficits in knowledge and skills among providers acts as barriers to contraception initiation and further utilization.

Background

With women comprising an increased percentage of the United States (U.S.) armed forces, reproductive care is an important public health concern. Nearly half of the pregnancies occurring in the U.S. are unplanned. In earlier studies performed by each military branch, the estimated rate of unintended pregnancies were approximately 55%⁷. The military branches have an age-standardized rate of unwanted pregnancies up to 50% higher than the general population¹¹. Preventive health services in austere environments are limited¹² and pose an additional risk. Consequently, the high unplanned pregnancy rates adversely affect overall operational readiness (soldier's ability to deploy, return to deployment setting, or assume roles within the military)⁸.

Methods and Materials

- A multidisciplinary team developed and implemented a full-service same day contraception clinic for active duty Army service members and their beneficiaries between the ages of 13 and 45 years old.
- The clinic opened on November 7, 2018:
 - Services offered on a first come, first serve basis
 - One day per week
 - One healthcare provider (WHNP-BC) and one medical assistant allotted for staffing
- Available services:
 - Individualized contraception education and counseling
 - Contraceptive pills and rings
 - Short-acting injections
 - Long-acting reversible contraceptives (LARCs) insertion and removal
 - Male and female condoms
 - Intrauterine device (IUD) string check follow-ups
- The intake triage form served as a risk factor assessment tool and mirrored the World Health Organization (WHO) United States Medical Eligibility (MEC) criteria (Figure 1)^{13,14}.
- Patients submitted a urine sample awarding the provider reasonable certainty of a negative pregnancy status.
- Staff training and education consisted of clinic flow simulation drills and LARC insertion and removal workshops.

The form is titled 'Walk-in Contraception Clinic Patient Intake'. It includes a header with 'First Name' and 'Last Name' fields. The main body contains a checklist of questions and statements related to patient history, current health, and contraceptive use. At the bottom, there are checkboxes for 'Yes', 'No', and 'DK' (Don't Know) for various items.

Figure 1. Walk-in Contraception Clinic Patient Intake Form¹⁵.

Outcomes and Evaluation

- Fully adopted initiative and first of its kind in the Army
- Eliminated two visit requirement for contraception
- Decreased GYN referrals for contraceptive services to zero
- Increased clinic offering from one day to four days per week
- N=19
 - N adjusted due to following exclusions: 1 left without being seen, 1 unavailability of desired LARC, 5 due to clinic at capacity, and 4 scheduled for appointments
- Mean participant age is 26; 74% between ages 22 and 35 years of age
- 50% single active duty (enlisted and officer combined)
- Nearly 60% were not consistently utilizing a reliable form of birth control prior to clinic visit
- Only 30% received contraceptive education from primary care provider prior to visit
- 84% waited greater than 30 days for contraceptive care
- Patients completed 17-item questionnaire after services received
 - Nearly 70% were sexually active with 0 reported sex without consent
 - 0 reported unplanned pregnancies
 - 60% received care within a wait time of less than 1 hour at the walk-in clinic
 - Over 90% of participants would recommend the contraceptive walk-in clinic
 - 100% providers surveyed would recommend the clinic to their patients

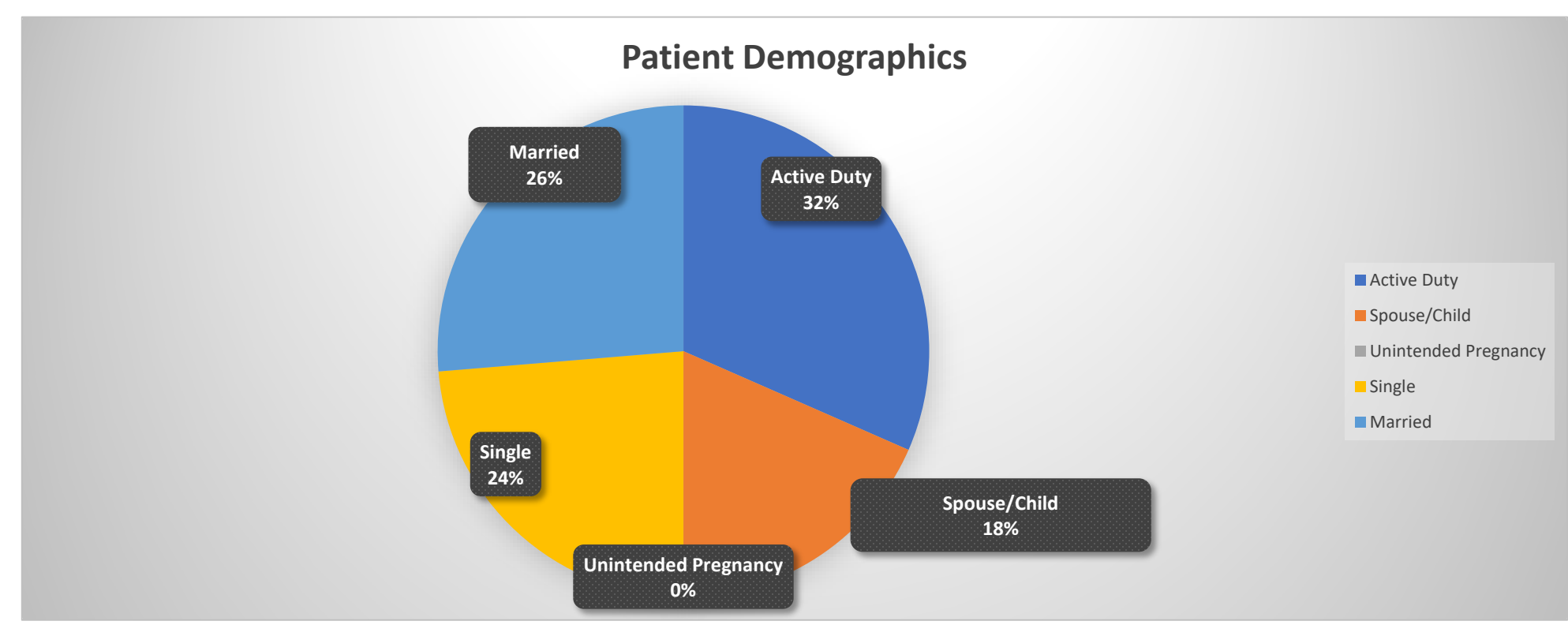


Chart 1. Demographic Characteristics

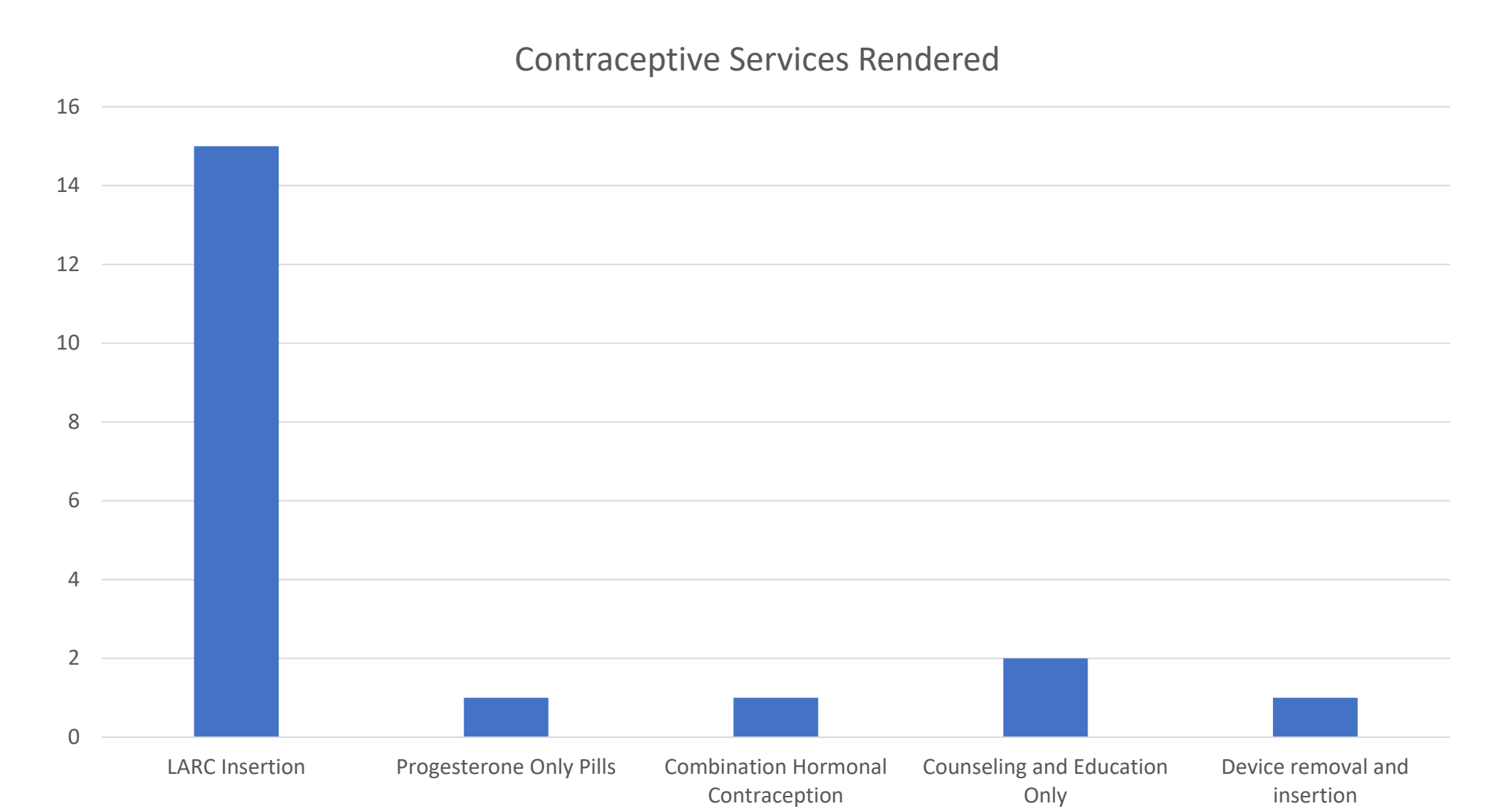


Chart 2. Contraceptive Services Rendered

- 78% received LARC, with Etonogestrel implant comprising the largest rate of insertions
- 1 patient received device removal and reinsertion during clinic visit

Implications for Nursing Practice

Today, the proportion of female service members and Veterans is at its highest point in history, with projections for continued growth¹⁶. Offering a same day option removes barriers such as the two-visit process for contraception initiation and decreases gynecology clinic referrals thus opening appointments for critical patients. The same day walk-in clinic improves military operational readiness, increases patient and staff satisfaction, and promotes family planning autonomy for service members. Additionally, the clinic serves as a training platform for the healthcare team (residents, advanced practice nurses, and paraprofessionals). Further research is required to determine feasibility of a same day walk-in contraception clinic in comparable practice settings.

Author's Disclaimer and Acknowledgments

The views expressed are solely those of the author and do not reflect the official policy or position of the U.S. Army, U.S. Navy, U.S. Air Force, the Defense Health Agency, the Department of Defense, or the U.S. Government. I would like to acknowledge Dr. Callie Cheese, University of South Alabama academic advisor and the Womack Army Medical Center's OB/GYN clinic healthcare team. IRB Project Number: 1256962-1 and reference number 18-283. References available as an additional handout.