Student Abstract
NPWH Poster Session
Thursday, September 26, 2024 – 11:45 am – 1:30 pm
Friday, September 27, 2024 – 11:30 am – 12:45 pm

Poster ID#: S-2024-1

Implementing Pre-eclampsia Risk Factor Screening Among High-Risk Obstetrical Patients in a Maternal Fetal Medicine Clinic

Lolade Agboola, MSN, RN, WHNP-BC, DNP Student

Objectives:
1. Discuss the use of low dose aspirin to decrease the risk of developing pre-eclampsia.
2. Identify obstetrical and neonatal complications associated with pre-eclampsia.
3. Describe a nationally recognized and recommended screening tool for identifying individuals at increased risk of developing pre-eclampsia.

Abstract Text

Purpose: The purpose of this project was to identify patients at increased risk for pre-eclampsia through the use of the Society of Maternal Fetal Medicine (SMFM) risk for pre-eclampsia checklist. Identification of an increased risk of developing pre-eclampsia provides an opportunity for providers to provide patient education on pre-eclampsia and recommend low dose aspirin (LDA) as a preventative measure.

Summary: The project was implemented in a Maternal Fetal Medicine outpatient clinic located in a heavily populated urban area. Eligible participants were new patients between the ages of 18-40 who were in their first or second trimester of pregnancy. Participants were provided a copy of the SMFM pre-eclampsia checklist to complete. The checklist was available in English and Spanish. Completed checklists were reviewed by a provider and participants with moderate to high-risk factors for developing pre-eclampsia were recommended to start LDA per SMFM guidelines. Data was collected on the number of eligible participants, number of eligible participants who completed the checklist, number of screened participants with moderate to high-risk factors, and provider compliance with recommending LDA for participants identified at increased risk for developing pre-eclampsia.

Outcomes: Overall, 120 eligible participants were identified and 88 (73%) of the eligible participants completed the SMFM risk of pre-eclampsia checklist. Of the 88 screened, 16 were positive for moderate- to high-risk factors for developing pre-eclampsia and received a recommendation from a provider to start LDA. Nine of the screened participants were currently

taking LDA and 63 screened participants did not meet the risk threshold for a recommendation to start LDA.

Implications for Women's Health: The SMFM risk for pre-eclampsia checklist provides a systematic method for assessing patients at risk of developing pre-eclampsia. Use of the SMFM pre-eclampsia checklist can decrease the odds of missing important risk factors associated with increased risk for pre-eclampsia. Recognizing an increased risk of developing pre-eclampsia among obstetrical patients provides an opportunity for patient education on pre-eclampsia and an opportunity for a timely recommendation to start LDA. Early identification of those at risk for pre-eclampsia can help prevent negative pregnancy outcomes, including preterm delivery and eclampsia.

Student Abstract
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Thursday, September 26, 2024 – 11:45 am – 1:30 pm
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Poster ID#: S-2024-2

Risk Factor Assessment and Injected Lidocaine for Intrauterine Device Placement Targeted Pain Management: A Needs Assessment

Lisa Bell, DNP, WHNP
Katherine Ward, DNP, WHNP
Cristi Creal, DNP, CNM

Objectives:
1. Recognize that fear of pain acts as a barrier to patient selection of the intrauterine device.
2. List six identified risk factors for increased perceived pain with intrauterine device placement.
3. Discuss the analysis of a needs assessment comparing current practice to an ideal practice that incorporates risk factor assessment and more regular offering of injected lidocaine.

Abstract Text

1) This project aimed to assess the incorporation of routine assessment for increased perceived pain risk factors and targeted injected lidocaine into the intrauterine device (IUD) placement process to individualize pain management.

2) A retrospective chart review assessed project intervention missed frequency counts. A mixed-methods pre-survey assessed participants' current practices, knowledge, and perspectives. A SWOT analysis gathered organization-specific information. Based on these results, an evidence-based clinical workflow resource was developed that incorporated pain risk factor assessment and targeted injected lidocaine. The resource was presented to participants, followed by a mixed-methods post-survey to collect actionable feedback and assess feasibility, usability, and acceptability.

3) Participants reported high involvement with IUD placement, confirmed by the retrospective chart review. Most participants reported no prior training in IUD placement pain management. Providers' current practices varied, but nearly half noted components of risk factor assessment and pre-placement pharmaceutical interventions. After the intervention, participant knowledge, skill preparation, and belief in the importance of project aspects improved. Over half of the multidisciplinary staff surveyed reported receptiveness to incorporate the proposed resource, interest in learning relevant skills, and desire for training and evidence. The project's key takeaway indicates incorporating routine risk factor screening and targeted injected lidocaine

demonstrated feasibility, usability, and acceptability and is appropriate for next-step considerations in an outpatient practice.

4) Fear of procedural pain is a barrier to patient IUD selection. There is no standardized protocol for IUD placement pain management due to a lack of consensus in the literature. Procedural pain in females is undertreated, and IUD placement pain is often discussed as patient pain tolerance. This project identified evidence-based risk factors that demonstrate certain patients are at risk for experiencing increased pain with the procedure, which differs from a low pain tolerance. Current data recommends identifying known risk factors for increased pain and offering targeted interventions, such as injected lidocaine. Implementing evidence-based interventions for individualized IUD placement care supports health equity through access to family planning and gynecological treatment options.

Student Abstract
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Thursday, September 26, 2024 – 11:45 am – 1:30 pm
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Poster ID#: S-2024-3

Perception of Providers and Interpreters on the Use of Interpreted Services

Sara Boufakhreddine, MN-RN
Elizabeth Downes, DNP, MPH, APRN, CNE, CGNC, FAANP, ANEF, FAAN
Trisha Sheridan, DNP, WHNP-BC, SANE-A, SANE-P, FAANP

Objectives:
1. Understand the barriers to providing interpretive services for patients with Limited English Proficiency (LEP) in primary care.
2. Understand the inequities that are experienced by patients with Limited English Proficiency (LEP) within primary care and women's health.
3. Identify the clinical implications of improving access to interpreted services for patients with Limited English Proficiency (LEP) in primary care settings.

Abstract Text

Through clinical practice and research, there is growing evidence that language barriers and discordance between patients and healthcare workers yield dampened quality of care, experience of care, and, ultimately, poor healthcare outcomes. Patients with language barriers are also at risk for experiencing various forms of systemic oppression that have been known to drive inequities in obstetrics and gynecology. These barriers can lead to reduced cancer screening rates, increase unscheduled cesarean birth and sterilization procedures, and cause significant obstetric trauma and mistreatment in childbirth. Despite this knowledge, there is limited guidance on best practices for promoting equitable care for patients with language barriers within primary care, particularly obstetrics, and gynecology.

Purpose: This project aims to highlight the gaps in interpretive services in primary care settings to improve these services for patients with LEP seeking routine care. Healthcare workers play an integral role in ensuring interpretive services are being used during every encounter when appropriate. Healthcare workers can also leverage their expertise to advocate for patients not receiving adequate interpretive services. By making interpretive services more accessible to patients and prioritizing their use, we can improve the quality of care, provide health literacy and education, reduce medical errors, and prevent poor health outcomes.

Summary: This project will address whether surveying healthcare providers and professional interpreters can reveal gaps in providing interpretive services to patients with Limited English Proficiency (LEP) in primary care settings and improve overall accessibility. This project will also address how time and financial cost, access, knowledge, and cultural awareness influence the use of interpretive services.

Outcomes & Clinical Implications- Estimated to be complete by early July 2024.

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Poster ID#: S-2024-5

Data Safety after Dobbs: Piloting the Safer Cycle Tracking Tool

Megan Collins, RN, BSN, DNP Student
Robin Austin, PhD, DNP DC, RN-BC, FAMIA, FNAP

Objectives:
1. Recognize lack of legal protection for FemTech users at the state and federal level.
2. Discuss strategies to optimize data security and reduce risk for Femtech users.
3. Describe use of the Safer Cycle Tracking Tool as a clinical decision aid when assessing menses as a vital sign.

Abstract Text

Purpose: Develop and pilot The Safer Cycle Tracking Tool to create strong clinician endorsement for enhanced data safety by FemTech users, with the intent to protect menstruating patients who cross state lines.

Background: The digital applications (apps) called 'FemTech,' used to track fertility and menstrual cycles. Using these apps can be equivalent to consenting to share private health information (PHI) with third parties as currently there is no legal standard to protect PHI within the app ecosystem. Data show clinicians and patients are largely unaware of security risks when uploading protected health information into cloud storage via apps. Recent overturning of Roe v Wade has critical ramifications for FemTech users.

Methods: The Safer Cycle Tracking Tool (SCT) was installed in ten clinic rooms as scannable QR code to provide clinical decision support towards optimizing FemTech users' data safety. This tool provided data privacy rights education written at a fourth-grade level to help patients match user goals to free, safer cycle tracking apps. A step-by-step guide helped users modify privacy settings to optimize data safety. Between January and April 2024, pre and post surveys measure clinicians' knowledge and confidence when counseling about FemTech data safety. Total QR code scans divided by total patient visits coding for urine pregnancy tests provide rate of tool use.

Results: The use of the SCT tool was 83% . Clinician confidence increased 55% when counseling patients how to safely use FemTech. The ability of clinicians to correctly identify FemTech as a non-covered HIPAA-entity improved from pre intervention (57%) compared to post intervention (77%). Pre-intervention 28% of clinicians correctly identify FemTech stores private health information in the cloud compared with 56% post intervention.

Conclusion: This project showed SCT was an acceptable clinical tool to improve clinicians confidence when counseling patients on safe use of FemTech apps. Next steps include expanding to other women's and adolescent health clinics.

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Poster ID#: S-2024-6

Implementation of the RAFT Tool to Assess for Human Trafficking in a County Critical Care Access Hospital in Iowa

Morgan Dutler, MSN, DNP-S

Objectives:
1. Understand those who are vulnerable to being trafficked.
2. Recognize red flags of human trafficking.
3. Able to ask patients questions to help identify patients as being trafficked.

Abstract Text

Background/Purpose: Human trafficking is a public health issue that affects all demographics. With 88% of victims coming into contact with healthcare providers during their captivity but not being recognized as a trafficked victim, allows for them to fall between the cracks. Many healthcare providers do not feel confident with their ability to recognize someone who is being trafficked leads to this hidden business. Understanding and recognizing the red flags of trafficking can help victims escape from captivity.

Method: Providing the Rapid Assessment for Trafficking (RAFT) tool to patients upon discharge from them to fill out with discharge paperwork and return to the nursing staff upon discharge. Having the patient fill out the paperwork allowed them to see the questions. However, the RAFT tool was only in English and Spanish. Also, providing emergency department (ED) personnel with human trafficking education allowed them to feel more confident in their ability to recognize a trafficked person.

Results: The RAFT tool screening did show some clients in the community, six percent (6%) who could be in a trafficking situation by answering yes to some, but not all of the RAFT tool questions. Surveys prior to education and implementation showed staff had low confidence in recognizing a trafficked victim, while post project implementation showed great confidence in the ability to recognize a trafficked person by knowing 5-7 red flags of human trafficking. Patients seeking healthcare services in the ED who are being trafficked can have recurrent miscarriages/abortions, UTIs, poor dental care, substance abuse addictions, unusual and recurring injuries along with chronic injuries, branding tattoos, and cotton products in the vagina. Conclusion: Understanding the red flags of human trafficking can make providers and nurses more attune to their patients and help them leave their trafficking situation. Adding the

RAFT tool questions in the EHR can provide the ability to ask all patients questions regarding human trafficking and not be missed. The more patients are exposed to the RAFT tool questions, the more they can recognize the situation they are in to be able to leave. Continuing education by medical personnel can increase the confidence of recognizing a trafficked person to be able to provide the proper care to victims.

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Poster ID#: S-2024-7

Congenital Syphilis Prevention: Intentionally and Equitably Screening for Syphilis in the Third Trimester of Pregnancy: A Quality Improvement Project

Cinnamon Geppelt, Student, CNM, WHNP
Pamela Phares, PhD, APRN, CNM
Nikki Baer, Utah Department of Health, STI specialist

Objectives:
1. Discuss the statistics and the need for consistent third-trimester syphilis testing.
2. Describe how universal testing provides beneficial, equitable care.
3. Explain three common obstacles and solutions encountered when implementing this new recommendation in rural and urban clinics.

Abstract Text

Purpose: To intentionally implement an equitable and unbiased screening routine into daily practice in obstetric clinical care, bring awareness to local statistics, increase clinician education on sequela, and encourage providers to routinely educate and screen every obstetric patient for syphilis risk factors.

Summary: This project was conducted in a rural and an urban clinic that did not have routine practices for evaluating syphilis risk factors in third-trimester pregnancy. A behavioral risk-based screening tool based on CDC guidelines was developed, approved, and implemented. Eligible patients were screened at 26-32 weeks gestational age and counseled regarding syphilis and congenital syphilis. Using descriptive statistics and qualitative theme analysis, data was collected from screenings, chart reviews, lab reports, group discussions, and participant pre- and post-intervention surveys.

Results: The rural clinic screened 88% (46) of eligible patients due to teamwork. The urban clinic screened 22% of patients, with 68% (34) occurring in the final month. Rural providers trained outside of Utah were more readily accepting of implementing third-trimester screening and testing. Barriers of buy-in and insurance coverage for testing costs presented obstacles for the urban clinic and were resolved with unexpected positive external influences that spurred urban acceptance. Both clinics felt risk-based screening took too long and was not sustainable. The project achieved its goal of implementing evidence-based third-trimester syphilis screening in the selected clinics, thereby aligning with CDC recommendations. It demonstrated common

barriers, lack of education, and the impracticality of risk-based screening. Both clinics adopted and continue to use universal testing, underscoring the initiative's useability, feasibility, and sustainability.

Implication for Women's Health: Raising awareness of the growing statistical rates of congenital syphilis can increase the adoption of STI screening rates. It can lead to improving the health of child-bearing-aged women and maternal health with a treatment we have had since 1942. It prevents the sequelae of congenital syphilis in infants and children: mild learning disabilities, cognitive function, physical disabilities, and fetal and neonatal death. It can potentially impact women's health in the long term. Intentional, universal screening is a successful way of providing equitable, unbiased care.

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Poster ID#: S-2024-9

Increasing Provider Competency: A Quality Improvement Project Applying Best Practice Protocol for Contraceptive Counseling to Females in Primary Care

Bree Harbin, DNP, WHNP-BC

Objectives:
1. To increase the quality of contraceptive care ensuring all women are offered all modern methods with counseling conveyed with a Patient-Centered Care (PCC) foundation.
2. Creating best evidence-based process for counseling on all current methods in the primary care setting.
3. Ensure females have access to their method of choice.

Abstract Text

Purpose: The aim of this quality improvement (QI) project was to increase the quality of contraceptive counseling conveyed with a patient-centered care (PCC) foundation, while creating best evidence based process for counseling on all current methods of contraception in the primary care setting

Summary: This QI project increased the quality of contraceptive counseling with a PCC foundation in a primary care setting, while also creating standardized processes for counseling. As evidenced by the pre- and post- Likert scales utilized in the staff training, 100% of stakeholders reported improvements in their confidence and competency in the knowledge of all modern methods of contraception, the ability to provide PCCC, and competency to order, bill, and code for all methods, as well as providing the necessary follow-up to ensure the chosen methods were provided. Also, favorable, the patient Likert scales administered captured 100% of females feeling respected as a person, that their preferences about birth control were taken seriously, and given ample information to make an empowered decision.

Outcomes: Provider assessments were given prior to and after the education with one hundred percent of the pre- and post-stakeholders' Likert scales increased. In the same sense, self-administered patient surveys were given following their visits and ninety-one percent of the PCCC surveys revealed the highest scores possible, in all five categories. Patient chart reviews captured one hundred percent of reproductive aged- females were inquired about their contraception and offered the PCCC counseling.

Implications for Women's Health: Although unintended pregnancy rates have globally declined, the proportion in the United States is greater than any developed country, increasing the risks of health outcomes and socioeconomic concerns, suggesting that contraceptive care is not meeting the needs of females. Evidence further supports that access constraints persist due to patient and clinician knowledge insufficiencies, and facility impediments. Such challenges are often intensified in non-traditional family planning centers such as primary care settings, as well as when services are not patient centered. Since the impact of Dobbs reproductive autonomy is being challenged and has intensified the importance of pregnancy prevention and women's advocacy.

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Poster ID#: S-2024-11

Mental Health Outcomes and Patients' Perceptions of the OB/GYN Provider-patient Relationship

Gianeen Magno, OMS-IV
Peggy Taylor, MD

Objectives:
1. Compare the physical and mental health experiences between high and low risk pregnancies according to their OB/GYN-patient relationship.
2. Examine how different communication approaches influence patient satisfaction with OB/GYN care.
3. Identify effective modes of communication (verbal and nonverbal) for various pregnancy conditions (high and low risk) in prenatal and postnatal care.

Abstract Text

Purpose/Aim: Mood disorders disproportionately affect women and frequently emerge or worsen during pregnancy. Postpartum depression in the US has increased by 105% over the past ten years. At least 11% of pregnant women are affected by generalized anxiety disorder and the presence of both anxiety and depression during pregnancy ranges from 30-60%. Healthcare providers play an important role in providing appropriate mental health care. Interpersonal communication between providers and patients is the cornerstone of evidenced-based medicine and patient-centered care, and has been shown to affect patient satisfaction, information recall, compliance, and health outcomes. Patient-centered communication leads to shorter recovery times, improved patient emotional health and increased referrals due to better understanding of patients' needs. Although research demonstrates the effectiveness of interpersonal communication and patient-centered care, little research has been conducted in utilizing these practices in obstetrics and gynecology.

The purpose of this study is to identify effective modes of communication within the OB/GYN provider-patient relationship in effort to improve the patients' overall health outcomes.

Methodology: A survey was constructed to gather information on patients' experiences throughout their pregnancy and physical and mental health outcomes. The survey was distributed on Facebook groups involving women who were recently or actively pregnant. At time of abstract submission, survey responses have been gathered. Semi-structured interviews are to be conducted with participants via Zoom to learn more about participants' experiences.

Results: When asked how their OB/GYN provider could improve their care, patients called for more proactive guidance on potential complications and lifestyle adjustments, even if the patient was not at risk. Patients desired the provision of accessible educational materials to ease anxieties. Patients were more satisfied in their care when their provider showed displays of passion and concern for the patient's well-being, such as following up on resolved issues.

Conclusion/Implications for Women's Health: There is a need for patient-centered and interpersonal communication education in health care provider training. By implementing such care, patients are set up to feel more empowered and reassured in their health, which can positively contribute to their health outcomes.

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Poster ID#: S-2024-13

Implementation And Evaluation Of A New Postpartum Depression Screening And Education Standard

Julie Rinehart, DNP, CNM, WHNP-BC

Objectives:
1. The healthcare professional, upon completed review of this project, will recognize the role of a medical assistant in the successful implemenation of postpartum depression education and screening.
2. The healthcare professional will verbalize awareness of the high rate of Postpartum Depression and the resulting impact on maternal mortality.
3. Immediately following the presentation, the healthcare professional will verbalize the awareness and understanding of how to access postpartum depression education and screening as guided by the Alliance for Innovation on Maternal Health Perinatal Ment.

Abstract Text

Postpartum depression is a contributor to the high rate of maternal mortality in the United States. One approach to improving this national health crisis is through the impact of Postpartum Depression (PPD) education and screening practices in prenatal offices.

Purpose: In the office setting, Medical Assistants (MAs) can function as an initial point of care for PPD education and screening.

Summary: The project participants included 11 medical assistants who attended a one-hour in-service regarding a new postpartum depression education and screening standard instituted by the physician-owner of a rural, Midwestern women's health clinic. A Continuing Professional Development Reaction Questionnaire (CPD) that assessed the MA's intention to implement the new PPD standard was completed following the required in-service. A pre-and post-implementation chart review was conducted to determine alignment with and outcomes of the new PPD standard. Chart data showed the completion rate of the Patient Health Questionnaire-2 (PHQ-2) screening at 36-weeks gestation and assessed the rate of positive Edinburgh Postnatal Depression Scale (EPDS) screenings at the two and six-week postpartum intervals. While the CPD questionnaire showed the MAs' strong intention to implement the new standard, the rate of PHQ-2 screening at 36-weeks gestation was 16.2%. The rate of the EPDS screening at two (pre-89.6%, post-87.5%) and six (pre-100%, post-97.1%) weeks postpartum remained stable,

with a high level of completion. A statistically significant difference was noted in EPDS screening scores at two weeks postpartum ($p = .037$), indicating that more positive EPDS screens were found.

Outcome: The results of this project support the continued utilization of the PPD education and screening standard implemented by the MAs.

Implications for Women's Health: Providing education to all office staff regarding how PPD can feel or present, along with consistent screening, creates the potential to improve health equity and access to perinatal mental health services for those in rural areas. The implementation of a new PPD screening standard in this rural office location can serve as a guide for other rural perinatal health settings

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Poster ID#: S-2024-14

Improving Primary Care: Intimate Partner Violence Screening as a Quality Initiative

Tahsha Spackman, DNP, WHNP
Diane Chapman, DNP, APRN, FNP-C
Kelsey Bywater, DNP, FNP

Objectives:
1. Identify at least two barriers to intimate partner violence (IPV) screening in primary care settings.
2. Explain the importance of implementing tailored, evidence-based clinical practice guidelines (CPG) for IPV screening in improving patient outcomes.
3. Propose at least one actionable recommendation for increasing sustainability of IPV screening initiatives in primary care settings.

Abstract Text

Purpose/Aim: The aim of this quality improvement (QI) project was to implement an Intimate Partner Violence (IPV) screening clinical practice guideline (CPG) within a primary care setting to increase IPV screening rates, promote universal IPV education, and connect survivors to resources.

Summary: IPV is a significant public health issue that is often overlooked in primary care settings, with screening rates less than 30%. The inconsistent integration of IPV screening reveals a significant healthcare system gap. This QI project addresses that gap within an urban primary care practice. A pre-implementation survey and discussion were used to assess participants' IPV knowledge, current workflow practices, and barriers and facilitators to screening, informing the development of a tailored CPG. An educational presentation initiated the intervention. The implementation phase was 13 weeks. Metric data was recorded daily and reviewed bi-weekly with key stakeholders. The intervention was refined using the Plan-Do-Study-Act (PDSA) model. Post-implementation, the feasibility, usability, and acceptability were evaluated through a survey and discussion. Both pre and post-implementation data were analyzed using descriptive statistics and thematic analysis.

Outcomes: Screening rates increased from 0% to 38%. All identified positive screenings (100%, n=11) were successfully connected to additional resources. The integration of universal IPV education was inconsistent. Participants generally found the CPG to be feasible, useable, and acceptable, with 78% (n=7) expressing satisfaction. However, only 22% (n=2) expressed a likelihood of continued guideline use. Future research should focus on pre-intervention training, increased support during implementation, electronic screening integration, and universal IPV education incorporation.

Implications for Women's Health: Increasing screening for IPV in primary care settings holds significant implications for women's health. It allows for early intervention, reducing the physical and psychological impact. It also addresses health disparities and improves access to support services, preventing long-term consequences. By integrating IPV screening into routine primary care practice, healthcare providers can offer more comprehensive care, addressing physical, mental, emotional, and social well-being. Ultimately contributing to broader efforts to address gender-based violence and promoting safer and healthier communities.

Student Abstract
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Thursday, September 26, 2024 – 11:45 am – 1:30 pm
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Poster ID#: S-2024-15

The Utilization of the Reproductive Justice Framework in Contraceptive Counseling with Black and African American Women: A Comparison of Patient Satisfaction and Provider Knowledge

Simran K. Tagore, DNP, MSN, FNP-C

Objectives:
1. List the key components of the Reproductive Justice Framework.
2. Understand the circumstances and history that have led to the health inequities in the reproductive health of Black and African American women.
3. Describe how the Reproductive Justice Framework can be used in contraceptive counseling to support the Black and African American community.

Abstract Text

This innovative clinical project was conducted over 8 weeks and evaluated patient satisfaction and provider knowledge using the Reproductive Justice Framework (RJF). The project compared satisfaction in patients receiving contraceptive counseling by a provider trained in the Reproductive Justice Framework versus those receiving contraceptive counseling by a provider not trained in the Reproductive Justice Framework. This project was also an evaluation of Reproductive Justice Framework training on clinician knowledge. The project took place in the San Francisco Bay Area at two clinic sites. This project was a pre- and post-study design. The inclusion criteria for the clients were as follows: identify as Black and/or African American, age 18 - 45 years old, and receive contraceptive counseling on the day of their clinic appointment. The clinic operations director selected the two clinician participants. One clinician was trained in the RJF, Clinician A, and the other clinician was not trained in the RJF, Clinician B. Seven clients were seen by Clinician A, and one client was seen by Clinician B. One of the clients in the group seen by Clinician A had never been seen for contraceptive counseling in the past and had different questions on their pre- and post-survey than the rest of the group. Their results were removed from the analysis. The decision was made to focus on the results of the participants who were seen by the clinician trained in the RJF and compare the pre-and post-visit survey results of this group. After a review of their survey results, it was found that there was a 0.558-point increase in patient satisfaction in this group after they were seen by the clinician who was trained in the RJF. This project found that there was a slight improvement in patient satisfaction with the RJF, that provider training in RJF has the potential to be impactful, and that the client participants were grateful for the opportunity to have their voices heard. This project is

foundational and lays the groundwork for future projects to examine the impact of the RJF on communities, patient satisfaction, choices, and outcomes.