

Resolution to Endorse the ONE KEY QUESTIONSM Initiative

WHEREAS there are 62 million U.S. women in their childbearing years (15–44)¹, and

WHEREAS 7 in 10 women of reproductive age (43 million women) are sexually active and do not want to become pregnant, but could become pregnant if they and their partners fail to use a contraceptive method², and

WHEREAS the typical U.S. woman wants only two children, and to achieve this goal, she must use contraceptives for roughly three decades³, and

WHEREAS for women who desire to become pregnant, preconception care is often unavailable—only about one in four primary care providers currently provides preconception care to the majority of the women they serve⁴, and

WHEREAS poor birth outcomes continue to be a problem in the United States, and risks associated with poor pregnancy outcomes remain prevalent among women of reproductive age. Of women who could get pregnant, 69% do not take folic acid supplements, 31% are obese, and about 3% take prescription or over the counter drugs that are known teratogens⁵, and

WHEREAS the Oregon Foundation for Reproductive Health has developed the ONE KEY QUESTIONSM Initiative, that all primary care doctors should routinely ask women of reproductive age if they intend to become pregnant in the next year, and provide appropriate preconception care⁶ or family planning care as indicated, and

WHEREAS this initiative has already been endorsed by numerous medical and public health associations, including: the Oregon Academy of Family Physicians,

¹ U.S. Bureau of the Census, Table 2: annual estimates of the resident population by sex and selected age groups for the United States: April 1, 2000 to July 1, 2008, no date, <<http://www.census.gov/popest/national/asrh/NC-EST2008/NC-EST2008-02.xls>>, accessed May 25, 2010.

² Mosher WD and Jones J, Use of contraception in the United States: 1982–2008, *Vital and Health Statistics*, 2010, Series 23, No. 29.

³ The Alan Guttmacher Institute (AGI), *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics*, New York: AGI, 2000.

⁴ “Why is Preconception Care a public health concern?” Data from National Center on Birth Defects and Developmental Disabilities

<http://www.cdc.gov/ncbddd/preconception/whyconception.htm>

⁵ Ibid.

⁶ AFP’s recommendations for preconception care can be found here:

<http://www.aafp.org/afp/2007/0801/p397.html>

ONE KEY QUESTIONSM developed by Michele Stranger-Hunter and Helen Bellanca of the Oregon Foundation for Reproductive Health. Resolution drafted by RHEDI/Reproductive Health Education In Family Medicine, 2011.

the Oregon Primary Care Association, the Oregon Public Health Association, the Oregon Nurses Association, the Nurse Practitioners of Oregon, the Oregon Office of Rural Health, and the Northwest Portland Area Indian Health Board, now be it

RESOLVED that the (name of your State Academy here) recognizes unintended pregnancy and poor birth outcomes as preventable public health issues, and recognizes that family planning and preconception care are a key component of family medicine, and be it further,

RESOLVED that the (name of your academy here) endorses the ONE KEY QUESTIONSM, that all doctors should routinely ask women of reproductive age if they intend to become pregnant in the next year, and provide appropriate services as indicated, including screening for pregnancy-related risk factors, provision of prenatal vitamins, contraceptive counseling including recommendation of emergency contraception as backup method, and counseling on STI prevention, and be it further

RESOLVED that the (name of your academy here) delegates to the AAFP COD present this resolution to the AAFP.