Improving patient care and reducing unintended pregnancy: translating new guidelines into effective practice

Sound the trumpets. Family Planning guidance has finally and formally arrived as an initiative of national importance at the Centers for Disease Control and Prevention (CDC). In an historic move, CDC has issued national recommendations on the best contraceptive practices in the United States [1]. Since the mid 1990s, CDC has been working with the World Health Organization (WHO) to support WHO’s famed Medical Eligibility Criteria for Contraceptive Use (MEC) with scientific evidence, critical appraisal, and the synthesis of the scientific evidence upon which the guidance is based. As Curtis et al. present in their article in this issue of Contraception, CDC has embraced and adapted the WHO’s guidance and tailored its recommendations in the United States Medical Eligibility Criteria for Contraceptive Use (US MEC) [2]. The next task is to integrate these critical recommendations into the busy practices of health care providers throughout the United States.

In the May, 2010 Contraception editorial, Taylor et al. [3] documented the lack of national recommendations for the prevention and management of unintended pregnancies. Taylor et al. discussed the need to establish culturally appropriate evidence- and competency-based clinical guidelines to reduce unintended pregnancy. She noted the severe budget cuts to federal agencies that have historically provided leadership for sexual and reproductive health care service standards as well as the political demonization of reproductive health, especially contraception and abortion care.

Guidelines for pregnancy prevention must be built on a comprehensive public health framework. Such guidelines, specifying the essential competencies required of all members of the health care team, can then be integrated into health care provider training programs, primary care settings and the broader health system. In the absence of US Preventive Services Task Force recommendations for preventing unintended pregnancy, CDC’s commitment to this critical aspect of health care marks an important step in the direction of creating a comprehensive plan to prevent and manage unintended pregnancy in the United States.

While the issuance of guidelines from a federal agency is critical, guidance alone is insufficient to improve patient care. A strategy for widespread distribution and adoption of the recommendations by relevant professional organizations and teaching institutions must be part of the plan from the start. A federal commitment is necessary to fund the professional organizations that can disseminate the information to their members. Additionally, federal funds are necessary for the development of novel evidence-based continuing education programs that update practitioners’ knowledge and translate into a change in actual clinical practice.

CDC is poised to partner seamlessly with professional organizations to disseminate information about these new guidelines and also to assure that the guidelines fulfill their promise for changing clinical practice. By partnering with organizations using novel educational platforms designed to measure the impact and effectiveness of educational interventions, CDC can maximize its efforts to help ensure that evidence-based research and guidelines are translated into clinical practice.

In the April, 2010 Contraception editorial, Shields and Higginbotham [4] wrote about the need to improve patient care through collaborative partnerships that translate research into guidelines that are integrated into continuing professional education. Leaders at the Association of Reproductive Health Professionals (ARHP) and the Society of Family Planning (SFP) are committed to developing evidence-based clinical guidelines to improve clinical practice through novel educational platforms and systems change. ARHP and SFP endorse a systems approach to improve the reproductive health of all people via new and vital collaborations among federal agencies, research institutions, academic societies, professional education organizations, advocates and health care providers.

Federal agencies, medical professional societies and organizations dedicated to promoting the best in evidence-based, peer-reviewed medical education have the greatest impact when working collaboratively. As a team, we can conduct research, pursue training, formulate curricula, establish guidelines, develop continuing education and provide clinical care in order to reduce and manage unintended pregnancy. CDC, ARHP and SFP have a unique and historic opportunity to work collaboratively to guide the development of effective training programs,
professional education and policy activities to improve the health of US families.

1. Next steps for each organization can include

1.1. Centers for Disease Control and Prevention

CDC will work closely with its partners, including other federal agencies and professional and service organizations, to widely disseminate and implement this new guidance. Strategies include dissemination through professional organizations, presentations at professional conferences of family planning and other health care providers, publications in peer-review journals and professional newsletters and development of training tools and job aids to assist providers in using the US MEC. CDC plans to evaluate the effect of the guidance through surveys of health care providers’ attitudes and practices.

A key challenge for evidence-based guidance documents is keeping the recommendations up to date as new scientific evidence becomes available. CDC will continue to work with WHO to identify and assess all new relevant, scientific evidence, and to determine whether changes in the recommendations are warranted. The complete US guidance, as well as any updates to the guidance can be found on the CDC US MEC Web site: http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm.

1.2. Society of Family Planning

The mission of SFP is to advance family planning research and education. As an academic society, SFP supports social science, nurse and physician scientist researchers to produce the highest quality evidence in the fields of contraception and abortion. SFP’s goal of fostering scholarly activity is realized through the funding of important clinical trials, the support and mentorship of young researchers, and the development of evidence-based guidelines. As a collaborative partner, SFP promotes the translation of evidence into clinical practice through publication of studies and through the dissemination of knowledge in conference settings. SFP looks forward to collaboration with partner organizations to support the widespread education about and integration of the US MEC guidelines.

1.3. Association of Reproductive Health Professionals

ARHP develops accredited professional education platforms that incorporate the latest in adult learning theory, provider behavior analysis, and clinical research to help fill the wide gap between available evidence and current reproductive health practice. To develop widespread awareness of the CDC’s US MEC, ARHP plans to develop continuing medical educational (CME) programs using novel platforms like practice-improvement projects and virtual patient simulation to implement the latest guideline recommendations into effective practice change. The development of practice-improvement CME projects helps take CME to a higher level by documenting that knowledge acquisition is grounded in practice change.

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References