December 20, 2021

Reference: Pregnancy Intention Screening

Power to Decide, the campaign to prevent unplanned pregnancy, strongly supports the pregnancy intention screening question (PISQ) submitted by Emily Decker / Upstream USA. We appreciate the opportunity to submit these comments and respectfully offer the following recommendations:

**Recommendation:** Inclusion of underlying principle that pregnancy intention screening with a standardized tool and training allows providers to mitigate the influence of unconscious bias in “Use Case Description”.

Standardized pregnancy desire screening tools and training allow health care providers to ask the same question and follow the same counseling protocols with all patients. For example, One Key Question, which is a pregnancy desire screening tool offered by the non-profit Power to Decide, trains providers to ask each patient “Would you want to become pregnant in the next year?” and offer the four answer options, “yes”, “no”, ok either way”, and “unsure” at every encounter. Certification training from Power to Decide focuses on consistently asking a standardized PISQ as well as follow up questions in an unbiased, non-judgement way to center the patient’s desires and link individuals to the services they need. This standardized approach facilitates more equitable access to the services needed to achieve reproductive well-being, including contraceptive care¹, chronic disease management, and sexual health services. One Key Question certification post-training surveys consistently show higher levels of confidence in providing counseling in a non-judgmental, unbiased way.

**Recommendation:** Ground rationale for inclusion of a PISQs in “Use Case Description” in their ability to support individuals to achieve reproductive well-being beyond contraceptive care and prevention of mistimed and unwanted pregnancies.

Reproductive well-being means that all people have the information, services, and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives. PISQs allow providers to connect individuals with the health care services they need to both prevent and achieve pregnancy on their own terms and timeline. We recommend

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¹ Stulberg, D. B., Dahlquist, I. H., Disterhoft, J., Bello, J. K., & Hunter, M. S. (2019). Increase in contraceptive counseling by primary care clinicians after implementation of One Key Question® at an urban community health center. Maternal and Child Health Journal, 23(8), 996-1002.
the use case description for the addition of a PISQ needs to extend beyond preventing unplanned pregnancy to primarily focus on supporting individuals in achieving reproductive well-being.

**Recommendation:** Ground rationale for inclusion of a PISQs in “Use Case Description” as a patient-centered approach that research has shown has the ability to improve patient satisfaction.

Centering the patient’s pregnancy desires with a standardized PISQ that includes all four answer options (“yes”, “no”, OK either way”, and “unsure”) has been shown to significantly improve patient satisfaction².

**Recommendation:** Revise “Potential Challenges” and add the following statement regarding the availability of standardized training in One Key Question from Power to Decide.

One pregnancy desire screening tool, One Key Question(R), is copyrighted by the organization, Power to Decide, and consistent implementation of One Key Question is enhanced by standardized, asynchronous, online training from Power to Decide³.

Thank you for the opportunity to provide comments and recommendations on this important topic. Please do not hesitate to reach out to Robin Watkins, CNM, WHNP-BC at rwatkins@powertodecide.org with any questions or requests for additional information.

Sincerely,

Raegan McDonald-Mosley, MD, MPH
Chief Executive Officer
Power to Decide

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³ [https://powertodecide.org/one-key-question](https://powertodecide.org/one-key-question)