One Key Question®: Frequently Asked Questions

Q: One Key Question® asks, would you like to become pregnant in the next year? Why is the wording of the question so important? Do we need to ask this exact question and give four separate answer options?

A: One Key Question® is a perfect example of how much words matter. The specific wording of the question came from multiple listening sessions with people who can become pregnant, and then tested over a two-year period in clinical and non-clinical settings. People who can become pregnant wanted an explicit timeframe within which to think about their answer (hence, within the next year) and wanted recognition that pregnancy desire is on a continuum—It's not simply a yes or no answer (hence the four answer options). Patients made clear that there were also some specific words to avoid. For example, the word often used in connection with pregnancy is "plan". Nearly a quarter of the respondents reacted negatively to a planning framework.

One Key Question® fidelity means: 1) asking the question word-for-word, 2) offering the four option answers and listening for the patient's response, 3) following up with counseling questions, and 4) connecting patients to direct services and/or referrals for services, based on the patient's response.

Q: The One Key Question® answer options include: *yes, no, unsure, and okay either way*. Why offer all four answer options? *Unsure* and *okay either way* are the same thing, aren't they?

A: Asking One Key Question® as it is written and offering all four answer options is what has been tested and is shown to be effective at starting the conversation with a patient about their pregnancy desires. Just offering a yes or no response can be limiting, especially because it is common for patients to feel ambivalent about pregnancy at different points in their life.

When a patient is unsure, it is often an expression of conflicted feelings. Okay either way, on the other hand, is an expression of neutrality and is often rooted in cultural and/or religious beliefs. Using follow-up counseling questions can help providers better understand the context around a patient's response and can help guide which services or educational materials might be most helpful.

Q: Should I try to get the patient to a yes or no response?

A: It is not your role or responsibility to resolve ambivalence or confront a patient's beliefs. It is your role, however, to provide high-quality care. It is important to offer contraception and preconception educational information as well as connect patients to direct care or care through referrals.

Q: Why is One Key Question® for people who can become pregnant, ages 18–50? Can a similar question be asked for other people?

A: One Key Question® was tested with those who can become pregnant, ages 18–50. Many providers do express an interest in asking people who cannot become pregnant, people who are younger, and couples. While One Key Question® was not originally tested with/for these groups, some providers have successfully adapted the question to reach all of their patients, regardless of sex, sexual orientation, gender, or age.

Examples of a similar question, for individuals of any sex and for couples, includes:

- Would you or your partner like to become pregnant in the next year?
- Would you or your partner like to become a parent in the next year?

For those under 18, some providers have asked about pregnancy desires in School Based Health Centers, Family Planning Clinics, and Pediatric Primary Care. Some providers report only asking about pregnancy desires if they know the young person is sexually active. When it is not known if the young person is sexually active, it is strongly recommended that that a provider asks whether the young person is having sex of any form (data suggests that when using the phrase "sexually active", the tendency is to answer no unless they are having sexual intercourse).

For young people, the question and follow-up response may be phrased as:

- Would you like to have children some day?
- If yes, when do you think that might be? I'd really like a chance to make sure you have the information you need to prevent a pregnancy or how to have a healthy pregnancy when you think that might be a possibility.

This approach recognizes that even if young person is not sexually active today, it is important for them to receive health care advice and services in preparation for pregnancy, or to prevent a pregnancy.

Q: Why is it important to ask pregnant patients One Key Question®?

A: Asking One Key Question® can lead to conversations about optimal birth spacing and post-delivery birth control. It might be assumed that all people return for a 6-week postpartum visit. In reality, however, as many as 40% of women do not attend a postpartum visit. This means that many people are not having timely conversations about birth control with their providers after giving birth.

The prenatal period provides a perfect opportunity to talk about what the patient wants following delivery. If a patient is interested in an IUD or implant, they can ask to receive it immediately following delivery and before they return home.

Q: How often do we need to ask One Key Question®?

A: The gold standard is to ask every person, at every visit (or until follow-up services were successfully received). The timing and frequency, however, does depend on the care setting and what makes most sense for the patients being served. Keep in mind, a patient's pregnancy desire is impacted by what is happening in their environment, relationships, finances, among other factors and thus can change over time. It's also important to recognize many people may never have been asked about their pregnancy desires before and may not have a clear answer the first time they are asked.

Q: Who asks One Key Question®?

A: Any type of provider, whether an administrative staff, frontline staff, or support staff, can take the One Key Question® training and become certified, however, who the site chooses to actually ask the question will vary depending on the setting, workflow, and staff capacity, among other factors. Typically, One Key Question® is asked by a support staff (RN, MA, health educator, case manager, intake specialist, etc.), and is followed up by a direct service provider.

Q: How much extra time will One Key Question® take in our workflow?

A: Providers report that asking One Key Question® takes little additional time because it provides structure to a conversation that was already happening in a less directive way. Any additional time is usually spent prior to implementing One Key Question®. This work includes assessing workflows and roles to determine how best to integrate One Key Question® protocols for maximum effectiveness and minimal disruption.

Asking One Key Question® and providing educational resources, clinical services, and/or referrals can be split up among different team members. It does not all have to be done by one person.

Q: I am concerned that program staff do not know what they need to know about contraception to implement this. Is this a problem?

A: Every person trained in One Key Question® and who signs the Code of Ethics can ask the question and can give basic information about contraception referrals. If additional information is desired, providers are encouraged to take Power to Decide's Contraception 101 or Pre/Interconception 101 online trainings to become more knowledgeable about these topic areas. Providers find that they are are more comfortable asking One Key Question® when they feel they have a baseline understanding about birth control and pre/interconception care, but it is not essential to asking One Key Question®. To learn more about the online trainings, or the One Key Question® program, see here.

Q: Are patients really okay being asked One Key Question®? I'm worried it is too personal.

A: Patients are often asked a number of personal questions in the process of receiving medical or social services. That said, it can be helpful to create a preface to the question, or a couple of sentences that normalizes the conversation. An example of a preface might be: *We ask all patients of reproductive age about their sexual and reproductive health goals so that we can care for your entire well-being. The question we ask is: would you like to become pregnant in the next year? Your answer options are yes, no, unsure or okay either way.*

Q: I am just one provider. How do I encourage others at my workplace to take the training and adopt it?

A: The first step is to create a team of champions. Find the natural drivers for change at your workplace and share with them the rationale for implementing this pregnancy desire screening as part of high-quality, patient-centered care. As next steps, assess interest and collect suggestions from staff at all levels regarding how implementation might look, including a proposed workflow. Then, work with leadership to finalize a workflow and collect the necessary resources to implement, including, patient education materials and referral lists for staff to use during counseling. Finally, reach out to Power to Decide for follow-up technical assistance to receive additional support on successfully implementing OKQ at your site.