

What is One Key Question®?

One Key Question® supports women’s power to decide by helping to transform their health care experience. The notion behind One Key Question® is simple: it asks all health providers and champions who support women to routinely ask, “Would you like to become pregnant in the next year?” By dividing patients’ answers into four categories (yes, no, ok either way, and unsure), the provider or champion takes the conversation in the direction the woman herself indicates is the right one, whether that is birth control, preconception health, prenatal care, or other needs.

This approach works because it focuses on understanding a woman’s intentions and providing follow-up care based on her response. By proactively approaching women, One Key Question® addresses the root causes of unintended pregnancies, poor birth outcomes, and disparities in maternal and infant health. It is non-judgmental and equally supports women who want to become pregnant and those who do not.

***Milken Institute:** “Health centers should move rapidly toward assessing women’s pregnancy intention by adopting a screening protocol such as the One Key Question®. Women readily answered the question in our survey, and use of the question helps ensure identification of all women of reproductive age who do not affirmatively intend to become pregnant, so that such women can receive immediate follow-up counseling, contraceptive care, or referral for family planning services.”*

Does it work?

Multiple positive pilot studies of One Key Question® have taken place across the country and a randomized control evaluation is currently underway.

- **OHSU Family Medicine Richmond Clinic**
This pilot found that clinicians and their support staff easily navigated the One Key Question® questionnaire, found the screening was feasible in a busy clinic setting, and did not add significant time to patient visits. This pilot also found that the patients thought the screening met their needs.
- **Washington County Family Planning**
This study of One Key Question® involved 2,500 women, including around 800 Spanish speakers. Six in ten (60%) of women who received One Key Question® reported satisfaction with their current method of contraception, and 23% of women received new contraception services (14% began using contraception, 9% changed to a preferred method). In addition, 12% of women were given preconception care. Participating providers reported they were better able to identify women who were ambivalent about pregnancy due to other conditions such as IPV, mental health disorders, and substance abuse, which prompted additional services and referrals.

- **Multnomah County Southeast Primary Care Clinic**
This pilot showed that even among a small sampling of women seen by a single provider, One Key Question® can impact women’s health. More than 14% of participating women wanted to become pregnant, and yet most of them were not taking steps toward a healthy pregnancy. Half of the women in this pilot who did not want to become pregnant were at risk of unintended pregnancy. Among them, One Key Question® decreased the proportion using no method of contraception from 26% to 4%, and increased the proportion using the most effective methods from 32% to 46%.
- **One Community Health**
This study compared two clinics, one that implemented One Key Question® and one that did not. The analysis using electronic health records found 64% of patients in the intervention site had received appropriate screening compared to 12% at the non-intervention site. The 52% improvement rate was attributed to adopting One Key Question® as a simple clinical procedure for staff to incorporate into their normal workflow of patient care.
- **Clay County (MO) Public Health Center**
Nearly four in ten (38%) clients did not want to get pregnant and 42% reported they only wanted to become pregnant in the future in this pilot study. The Center reported that staff struggled at first, asking only clients they thought would need preventive reproductive health care. After further training to discuss bias and opportunities missed when predetermining who needs what care, staff began using One Key Question® with all clients.
- **Brigham and Women’s Hospital**
Comprised of 517 women seeking treatment for a systemic rheumatic disease during the course of the pilot, this study demonstrated the feasibility of implementing a reproductive health intention screening tool in a high-volume academic practice. In addition, One Key Question® reduced barriers to OB/GYN referrals for contraceptive and preconception counseling, 71% of providers felt One Key Question® was a helpful guide, and OB/GYN appointments rose from 5% to 15% six months after the intervention.

A pilot study using cluster randomization is currently underway. Six health care sites are participating in research to determine the effect of One Key Question® on rates of:

- contraceptive counseling and use
- preconception counseling and folic acid use
- patient satisfaction

How do I get certified in One Key Question®?

Power to Decide provides a 1-day, in-person certification training and consultation package for clinics, community-based organizations, public health departments, and other organizations. Each training can accommodate up to 50 people and costs are determined based on the number of individuals. The package also includes: provider and patient materials, five hours of consulting (prior to and following training), post training webinar, provider certification, and access to the Provider Portal. Visit www.PowerToDecide.org/one-key-question for more information.