

ABSTRACT

Birth control is a medication used daily by a large majority of women in the United States. A provider can prescribe birth control for numerous reasons, including hormonal regulation, menstrual treatment, period control, and most often for preventing pregnancies. There are multiple birth control types such as a daily pill, an implant, an intrauterine device (IUD), a patch, a shot, etc. Patients do not always consider how their risk factors could increase the chance of adverse effects of birth control usage. The purpose of this MSN project was to educate women on how their risk factors can influence the adverse effects of birth control, including the severe side effect of blood clots. By utilizing a pamphlet on birth control education and possible risk factors, first-time users can be empowered to know what questions to ask their provider. This MSN project includes two surveys: a pre- and post-pamphlet, to assess the education learned via this method. Through evidence-based information about birth control and blood clot risk, the need to educate patients is validated, inspiring this project and future educational materials for women.

PICO QUESTION

Do women patients at the University of Utah Outpatient Health Clinic have an increase in knowledge regarding the risk factors of blood clots when taking birth control after receiving an educational pamphlet?

LITERATURE REVIEW

- Throughout the literature review, multiple common themes occurred in relation to birth control
- Lack of patient knowledge (1).
- Adverse reactions of birth control
- Risk factors of birth control
- Thrombophilia screening
- Blood clots
- Types of birth control and associated risks and benefits
- Modifiable risk factors include smoking, weight, and BMI for birth control (2).
- Non-modifiable risk factors include thrombophilia, age, and family history (3).

Risk Factors for Blood Clots When Taking Birth Control

Madison Smith, BSN, RN, MSN Student

PROJECT METHODOLOGY

Providing patients with the tools to best advocate for themselves is an essential part of this project. The best way to get this information is through a printed-out pamphlet to hand to each patient at their appointment through the Outpatient Women's Center at the University of Utah Healthcare (4). Patients' knowledge will be evaluated 72-hours after receiving the educational pamphlet and will be compared to their knowledge prior to the pamphlet.

Having an educational pamphlet poses a strength that will help ensure patients receive standard objective information regarding birth control, reducing the obstacle of this education gap. This prospective strength allows for a better base understanding by patients. In addition, it provides information for first-time users who potentially feel overwhelmed with the whole process of choosing a birth control that is right for them. This educational birth control pamphlet initiation will assist nurses in being an advocate for their patient as it covers the benefits, potential risks, and possible complications associated with birth control.

Pre-pamphlet Survey includes:

- Patient information/contact information
- Demographics (Risk Factor Assessment)
- Questions pertaining to birth control knowledge
- 15 Questions

Survey will be given out to patients while in waiting room prior to appointment

Post-pamphlet Survey includes:

- Same 15 questions as pre-pamphlet survey
 - Question regarding pamphlet receipt
 - Question regarding pamphlet reading
- Surveys will be emailed/texted/called via phone service to patients within 72-hours of appointment (7)

Both surveys will be recorded and compared by patient's individual tests to notice:

- If patients read the material
- If patients had increased understanding from their pre- to post-survey
- Sample size is 100 patients who completed both pre- and post-surveys

"Birth Control and You" Educational Pamphlet includes:

- Birth Control Methods (5)
- Why Birth Control?
- Risk Factors for Birth Control (6)
- Side Effects of Birth Control
- Blood Clot Statistics while taking Birth Control
- Blood Clot Signs and Symptoms
- Resources relating to birth control and blood clots

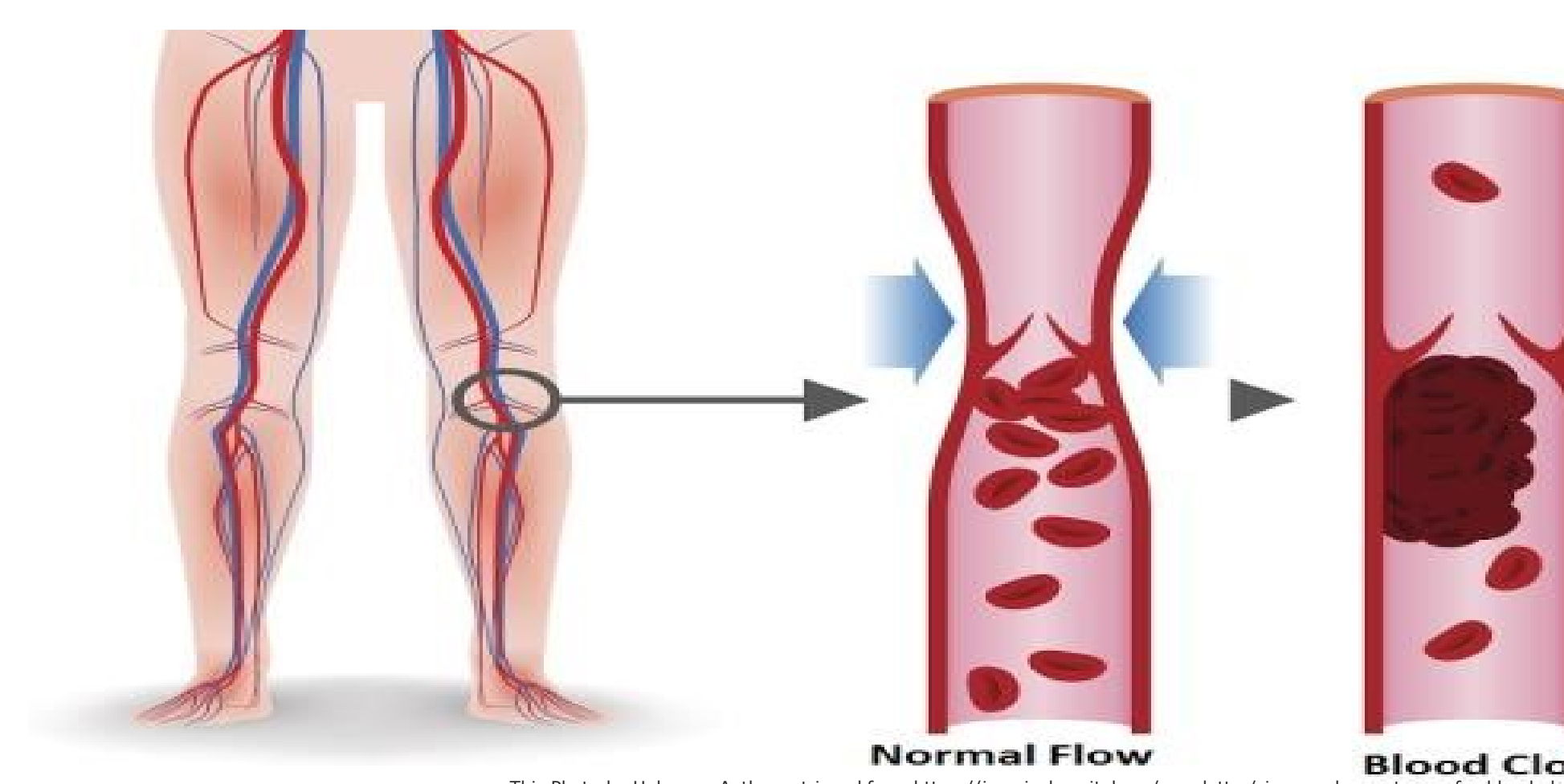
Given to patient at appointment with instructions of post-survey



This Photo by Unknown Author retrieved from <https://www.healthdec.com/celebrating-world>



This Photo by Unknown Author is licensed under [CC BY-NC-ND](https://creativecommons.org/licenses/by-nc-nd/4.0/)



This Photo by Unknown Author retrieved from <https://panaceahealth.org/newsletter/signs-and-symptoms-of-a-blood-clot/>

THEORETICAL FRAMEWORK

Johns Hopkins Nursing Evidence-Based Practice Model

The Johns Hopkins Nursing Evidence-Based Practice Model helps bedside nurses understand the best possible practice for learning, operational, and clinical practice (8).

- Initiated by inquiry from individual interests
- Regards to specific patient population or problem (9).
- Consists of three phases: practice questions, evidence, and translation process (9).

CONCLUSIONS

Birth control needs to have more consideration and exploration by patients and providers than just the current methods used. Other factors that need to be considered are modifiable and non-modifiable risk factors that each patient should be appropriately screened for. Patients starting on birth control or changing their birth control types should have the proper education to self-advocate for the best method for their individual needs and risks. An educational pamphlet regarding birth control and blood clot risk should be implemented, as evidenced by this literature review, to aid women in achieving the best possible outcomes, and allowing nurses to be better patient advocates. This pamphlet will also spread awareness of birth control risks in general.

REFERENCES

1. Geampana, A. (2019). One blood clot is one too many: Affected vocal users' negative perspectives on controversial oral contraceptives. *Qualitative Health Research*, 29(10), 1519–1530. <https://doi.org/10.1177/1049732319839027>
2. Manzoli, L., De Vito, C., Marzuillo, C. et al. Oral contraceptives and venous thromboembolism. *Drug Saf*, 35, 191–205 (2012). <https://doi.org/10.2165/11598050-000000000-00000>
3. McDaid, A., Logette, E., Buchillier, V., Muriset, M., Suchon, P., Pache, T. D., Tanackovic, G., Kutalik, Z., & Michaud, J. (2017). Risk prediction of developing venous thrombosis in combined oral contraceptive users. *PLoS ONE*, 12(7), e0182041. <https://link.gale.com/apps/doc/A499460550/AONE?u=ogde72764&sid=AONE&xid=60bbac06>
4. B&B Press. (2021). *Advantages of pamphlets for business in the age of social media*. Professional Printing Company in Rotherham. <https://www.bbpress.co.uk/news/advantages-of-pamphlets-for-business-in-the-age-of-social-media>
5. Centers for Disease Control and Prevention. (2020b). Contraception. <https://www.cdc.gov/reproductivehealth/contraception/index.htm>
6. James, A. (2018, June 14). *Women's health*. https://www.stoptheclot.org/learn_more/womens_health_faq/
7. University of Utah Health. (2021). *About the Press Ganey survey*. <https://healthcare.utah.edu/fad/pressganey.php>
8. Dang, D., & Dearholt, S. L. (2018). *Johns Hopkins nursing evidence-based practice: Model and guidelines* (3rd Ed.). Sigma Theta Tau International.
9. Melnyk, B. M., & Fineout-Overholt, E. (2019). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Philadelphia: Wolters Kluwer.