Whereas, Almost half (51%) of all pregnancies in the United States are unintended, which has  
significant physical and socio-economic consequences for women and their families, with a real  
cost in lives and public health; and  
Whereas, Rates of unintended pregnancies disproportionally impact women of color, women in  
poverty, and women with less education; and  
Whereas, Women with unintended pregnancies are unlikely to have taken folic acid before  
conceiving and are less likely to receive early prenatal care, thus increasing the risk of babies  
born with health challenges; and  
Whereas, Women need comprehensive information, services and referrals in order to have  
optimal health, healthy pregnancies, and the best possible birth outcomes; and  
Whereas, ONE KEY QUESTION® (OKQ) is an initiative advocating that health care providers  
ask women at risk of pregnancy, “Would you like to become pregnant in the next year?” as a  
routine assessment question. Asking this question gives women the opportunity to engage in  
conversations about their preventive reproductive health care that can result in the uptake of  
evidence-based contraception and preconception care; and  
Whereas, ONE KEY QUESTION® includes four patient response categories (Yes, Unsure, Ok  
Either Way, No) to ensure the patient’s goals for if and when to become pregnant are centered  
in health care decision making; and  
Whereas, Providers want to use OKQ as a routine and proactive intervention to address  
pregnancy intention with patients and have requested a consistent and efficient way to  
document care in their electronic health records; therefore be it  
RESOLVED, That our American Medical Association support the use of ONE KEY QUESTION®  
(OKQ) as part of routine well care and recommend it be built in electronic health records so that  
providers can document OKQ screening and services provided based on a woman’s response.  
(New HOD Policy)  

Fiscal Note: Not yet determined  

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