

Title (up to 35 words):

Comprehensive Assessment of the Identification of Women in Early Stages of Pregnancy in Support of Recruitment for the National Children’s Study

Names and Affiliations:

Robyn Dubrov Foreman, MHS, RD, Battelle
Meridith Hill Thanner, PhD, Battelle
Jennifer Potts, MA, Battelle
Wallace Pickworth, PhD, Battelle
Zachary Rosenberry, BA, Battelle
Jessica Graber, PhD, NICHD

Description of Research (up to 250 words):

Introduction:

Knowing the current and best practices used by practitioners and researchers to identify women in the earliest stage of pregnancy may strengthen recruitment protocols used by the National Children’s Study.

Methods:

A multi-stage, mixed-methods approach was undertaken. A critical review and assessment of academic and extant literature was performed to determine practices for identifying women in early pregnancy. Using information from the literature review, investigators developed and conducted semi-structured interviews with expert researchers in the field to further identify current/ recommended practices for identification of early pregnancy. More than 115 independent literature searches were performed. More than 1,200 academic titles and abstracts and >250 extant descriptors were reviewed. Thirty experts’ credentials were reviewed and six selected experts completed semi-structured interviews.

Results:

Based on findings from the literature review and the expert interviews, a human chorionic gonadotropin (hCG) test is the best practice for earliest detection of pregnancy. Current practices for identifying women in early stages of pregnancy include pre-enrollment prior to conception (women planning or at high risk of pregnancy), pregnancy testing, recruitment from clinical settings, passive recruitment methods, and incentive use. Investigators also identified characteristics of women at higher risk for pregnancy and signs of early pregnancy; no validated pregnancy risk screening instrument was identified.

Conclusions:

Pre-enrollment, pregnancy testing, and recruitment from clinical settings are strategies that should be considered for NCS recruitment. Identified risk factors and early signs of pregnancy should be utilized to develop and test a screener to identify women most likely to become pregnant.

Possible TABLE. Current and Recommended NCS Practices

Recommendation	Recommended Practice
▪ Identify/screen women for	▪ Pre-enroll women based on

risk of pregnancy before they become pregnant	their risk of pregnancy as determined by not just intentions, but also: fertility, sexual behavior, and use of contraceptives
<ul style="list-style-type: none"> ▪ Pre-enroll women who are likely to be pregnant in the near term 	<ul style="list-style-type: none"> ▪ Pre-enroll women attempting to become pregnant ▪ Pre-enroll women who are not planning to get pregnant but who are at high risk for pregnancy
<ul style="list-style-type: none"> ▪ Conduct on-going monitoring of pre-enrolled women 	<ul style="list-style-type: none"> ▪ Periodically survey about signs and symptoms of pregnancy and menstruation ▪ Periodic pregnancy testing ▪ Daily diaries of symptoms, menstrual cycle, sexual behavior, contraceptive use

Possible Quote:

“In terms of pregnancy outcomes, in terms of protecting women and their unborn children, we don’t need to worry about early pregnancy, we need to worry about getting information to women that protects their health and the health of their future children before they are pregnant.”-Expert in the field

Possible Graphics:

