Quality Family Planning Guidelines: Implications for Clinical Practice

Reproductive Health 2014
September 19, 2014
Charlotte, NC

Susan Moskosky, MS, WHNP-BC
Acting Director
Office Of Population Affairs
Nothing to disclose
Objectives

- Describe the development of new, evidence-based national recommendations for providing quality family planning services
- Summarize key points in the recommendations
- Outline steps to disseminate and promote implementation of the recommendations by all family planning providers
Agenda

• Introduction

• Overview of Providing Quality Family Planning Services (QFP)
  - Clinical services
  - Counseling & education
  - Adolescents & special populations
  - Quality improvement

• Implementation
Title X Program Guidelines

- Original Title X guidelines established in 1970 following the enactment of Public Health Service Act 42 U.S.C. 300 authorizing the establishment of the Title X program

- Previous guidelines were updated in 1980 and in 2001

- Address largely legal and regulatory requirements of Title X program
1) **Providing Quality Family Planning Services (QFP)**
Recommend how to provide family planning services in an evidence-informed manner.

2) **Title X Program Requirements**: Defines program requirements for grantees funded under the Title X program – primarily statutory and regulatory.
• Development of the new recommendations has occurred in the context of a renewed emphasis on the following:

  ○ Increased access must be accompanied by improved quality
  ○ Emphasis on accountability, health outcomes and an evidence-based approach
  ○ Standards needed on which to base performance measurement
Overview of

Providing Quality Family Planning Services (QFP)
Providing Quality Family Planning Services
Recommendations of CDC and the U.S. Office of Population Affairs

The intended audience is all providers of family planning services.

Key purposes are to:

- Define what services should be offered in a family planning visit, and describe how to do so.
- Support consistent application of quality care across settings and provider types.
- Translate research into practice, so the most evidence-based approaches are used.
The Quality Family Planning Recommendations (QFP) Integrate & Fill Gaps in Other Guidelines for the Family Planning Setting
U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

Adapted from the World Health Organization Medical Eligibility Criteria for Contraceptive Use, 4th edition
U.S. Selected Practice Recommendations for Contraceptive Use, 2013

Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition

Focus on efficacy in women and men using contraceptives

http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf
Updated Guidelines to Be Published in 2014
Recommendations to Improve Preconception Health and Health Care --- United States

A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care
Filling The “Gaps”

- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility
- Preconception health
- Preventive health screening of women and men
- Contraceptive counseling, including reproductive life plan
We adapted Institute of Medicine (IOM) recommendations for how to develop “trustworthy” guidelines:

- Expert Work Group – ongoing input and advice with CDC and OPA making final decisions
- Systematic literature reviews
- Compilation of existing clinical guidelines
- Recommendations based on the evidence, as well as potential harms and benefits
- Transparent documentation of the process

Conceptual Framework

Based on the IOM’s definition of “quality”:

- Safe
- Effective
- Client centered
- Timely
- Accessible
- Efficient
- Equitable
- Value

Improved quality

Improved reproductive health outcomes

Framework for Family Planning, Related and Other Preventive Services

Family planning services
- Contraceptive services
- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility services
- Preconception health
- Sexually transmitted disease services

Related preventive health services
(e.g., screening for breast and cervical cancer)

Other preventive health services
(e.g., lipid disorders)
Contraceptive Services
Pregnancy testing and counseling
Achieving Pregnancy
Basic infertility services

Reason for visit is related to preventing or achieving pregnancy

Determine the need for services

Initial reason for visit is not related to preventing or achieving pregnancy

Acute care
Chronic care management
Preventive services

If needed, provide services

Assess need for services related to preventing or achieving pregnancy

If services are not needed at this visit, re-assess at subsequent visits

Clients should also be offered these services, per recommendations

STD services
Preconception health services

Related preventive health services

Clients should also be offered or referred for these services, per recommendations
QFP Recommendations about Clinical Services
Contraceptive Services

- Remove medical barriers as a prerequisite to contraceptive provision
  - Pelvic exams not routinely needed, unless inserting IUD or fitting a diaphragm
  - Cervical cytology
  - Routine HIV screening

- In accordance with CDC’s Medical Eligibility Criteria (MEC) and Selected Practice Recommendations for Contraceptive Use (SPR)

- Offer a full range of FDA-approved methods

- Use an evidence-informed counseling process, which is client-centered and includes information about contraceptive effectiveness
Preconception health services should be offered to female and male clients.

Priority populations are:

- Individuals/couples trying to achieve pregnancy
- Clients seeking basic infertility services
- Clients at high risk of unintended pregnancy
Preconception Health Services

- Aim to identify and modify biomedical, behavioral, and social risks
- Promote health *before* conception, reducing pregnancy-related adverse outcomes
  - Low birth weight
  - Premature birth
  - Infant mortality
- Improve women’s and men’s health even if they choose not to have children
Preconception Health Services for Women

- Discussion of reproductive life plan
- Medical history
- Sexual health assessment
- Screening and referral/treatment for:
  - Intimate partner violence
  - Alcohol and drug use
  - Tobacco use
  - Immunizations
  - Depression
  - Height, weight, and body mass index (BMI)
  - Blood pressure
  - Diabetes

[Image of a pregnant woman holding an ultrasound image]
Preconception Health Services for Men

• Address men as partners in both preventing and achieving pregnancy including:
  - Direct contributions to infant health & fertility
  - Role in improving the health of women

• Improve the health of men, regardless of pregnancy intention
Preconception Health Services for Men

- Discussion of reproductive life plan
- Medical history
- Sexual health assessment
- Screening for
  - Alcohol and drug use
  - Tobacco use
  - Immunizations
  - Blood pressure
  - Depression
  - Height, weight, and body mass index (BMI)
  - Diabetes
Provide STD services in accordance with CDC recommendations

<table>
<thead>
<tr>
<th>STD</th>
<th>Female clients to be screened</th>
</tr>
</thead>
</table>
| **Chlamydia**   | All sexually active women ≤ 25 years  
Sexually active women >25 years with risk factors                                                                                           |
| **Gonorrhea**   | All sexually active women at risk for infection, including all <25 years                                                                                   |
| **Syphilis**    | All at risk for syphilis, such as commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and living in communities with high prevalence of syphilis |
| **HIV/AIDS**    | All clients aged 13-64 years  
Annual screening for all persons like to be at high risk, including injection drug users and their sex partners, persons who exchange sex for money or drugs, and sex partners of HIV-infected persons. |
| **Hepatitis C** | Individuals at risk for HCV infection  
One-time testing for HCV for persons born during 1945-1965                                                                                          |
| **HPV and HBV vaccination** | HPV vaccine: Routine vaccination of females aged 11-12 years, with catch up vaccination among females aged 13-26 years  
HBV vaccine: All unvaccinated individuals                                                                                                      |
## STD Services - Men

Provide STD services in accordance with CDC recommendations

<table>
<thead>
<tr>
<th>STD</th>
<th>Male clients to be screened</th>
</tr>
</thead>
</table>
| **Chlamydia**     | Males seen at sites with a high prevalence of chlamydia, such as adolescent clinics, correctional facilities and STD clinics  
                       | MSM and males with symptoms suggestive of chlamydia                                                                                                                                                                     |
| **Gonorrhea**     | MSM and males with symptoms suggestive of gonorrhea                                                                                                                                                                      |
| **Syphilis**      | All at risk for syphilis, such as MSM, persons who exchange sex for drugs, those in adult correctional facilities and living in communities with high prevalence of syphilis                                                                 |
| **HIV/AIDS**      | All clients aged 13-64 years  
                       | Annual screening for all persons like to be at high risk, including MSM, injection drug users and their sex partners, persons who exchange sex for money for drugs, sex partners of HIV-infected persons.                               |
| **Hepatitis C**   | Individuals at risk for HCV infection  
                       | One-time testing for HCV for persons born during 1945-1965                                                                                                                                                              |
| **HPV and HBV vaccination** | HPV vaccine: Routine vaccination of males aged 11-12 years, with catch up vaccination among males aged 13-21 years; males 22-26 years may be vaccinated  
                       | HBV vaccine: All unvaccinated individuals                                                                                                                                                                                 |
Related Preventive Health Services

- Screening for conditions that address the reproductive system but do not directly influence ability to conceive or have a healthy birth outcome

  Screening for cervical cancer (USPSTF Grade A)
  - No screening for women <21 years
  - Pap every 3 years for women 21-65 years, or
  - Pap plus HPV testing every 5 years for women 30-65 years

  Breast cancer screening
  - Mammography for women aged 50-74 years on a biennial basis (USPSTF B), <50 years if other conditions support it
  - Clinical breast exam for women ≥20 years (American College of Obstetricians and Gynecologists and American Cancer Society)
## Checklist

Family planning and related preventive health services for women

<table>
<thead>
<tr>
<th>Screening components</th>
<th>Contraceptive services¹</th>
<th>Pregnancy testing and counseling</th>
<th>Basic infertility services</th>
<th>Preconception health services</th>
<th>STD services²</th>
<th>Related preventive health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproductive life plan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medical history</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Current pregnancy status</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual health assessment</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol &amp; other drug use</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td>✓</td>
<td>(√ combined hormonal methods for clients ≥35 years)</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓² (HPV &amp; HBV)</td>
</tr>
<tr>
<td>Depression</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folic acid</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ Contraceptive services

² STD services

³ Related preventive health services

(provide services in accordance with the appropriate clinical recommendation)
# Family planning services

(Provide services in accordance with the appropriate clinical recommendation)

<table>
<thead>
<tr>
<th>Screening components</th>
<th>Contraceptive services¹</th>
<th>Pregnancy testing and counseling</th>
<th>Basic infertility services</th>
<th>Preconception health services</th>
<th>STD services²</th>
<th>Related preventive health services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical examination</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height, weight &amp; BMI</td>
<td>✓ (hormonal methods³)</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>✓ (combined hormonal methods)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical breast exam</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Pelvic exam</td>
<td>✓ (initiating diaphragm or IUD)</td>
<td>✓ (if clinically indicated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs of androgen excess</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid exam</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory testing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy test</td>
<td>✓ (if clinically indicated)</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical cytology</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Other Preventive Health Services

<table>
<thead>
<tr>
<th>Interventions unrelated to core family planning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discuss and counsel</strong></td>
</tr>
<tr>
<td>• Healthy diet counseling</td>
</tr>
<tr>
<td>• Dental health</td>
</tr>
<tr>
<td>• Injury prevention</td>
</tr>
<tr>
<td>• Breast cancer preventive medication</td>
</tr>
<tr>
<td>• Tobacco and drug use cessation interventions</td>
</tr>
<tr>
<td>• Administer vaccines: DTaP booster, influenza, rubella</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
</tr>
<tr>
<td>• Colorectal cancer screening</td>
</tr>
<tr>
<td>• DM, hyperlipidemia screening (unrelated to BCM)</td>
</tr>
<tr>
<td>• Skin cancer screening (high risk)</td>
</tr>
<tr>
<td>• Thyroid disease (high risk)</td>
</tr>
</tbody>
</table>
# USPSTF: Routine Interventions to Avoid

<table>
<thead>
<tr>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bacteriuria screening with urinalysis</td>
</tr>
<tr>
<td>• Genital herpes screening</td>
</tr>
<tr>
<td>• Chlamydia screening in low risk women ( \geq 26 ) and males of all ages</td>
</tr>
<tr>
<td>• Gonorrhea screening in low risk persons</td>
</tr>
<tr>
<td>• Syphilis screening in low risk persons</td>
</tr>
<tr>
<td>• Bacterial vaginosis and trichominirosis screening</td>
</tr>
<tr>
<td>• Hepatitis B screening</td>
</tr>
<tr>
<td>• Hepatitis C screening in low risk persons</td>
</tr>
<tr>
<td>• Ovarian cancer screening in low risk women</td>
</tr>
<tr>
<td>• BRCA mutation testing in low risk women</td>
</tr>
</tbody>
</table>
QFP Recommendations: Counseling & education
Five Principles of Quality Counseling

1: Establish and maintain rapport with the client.

2: Assess the client’s needs.

3: Work with the client interactively to establish a plan.

4: Provide information that can be understood and retained by the client.

5: Confirm client understanding.
Key Steps in Providing Contraceptive Services

1. Establish and maintain rapport with the client.

2. Obtain clinical and social information from the client.

3. Work with the client interactively to select the most effective and appropriate contraceptive method for him or her.

4. Conduct a physical assessment related to contraceptive use, when warranted.

5. Provide the contraceptive method along with instructions about consistent and correct use, help the client develop a plan for using the selected method and for follow up, and document understanding.
## FIGURE 3. The typical effectiveness of FDA-approved contraceptive methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>0.05%*</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
<tr>
<td>Intrauterine Device (IUD)</td>
<td>0.2% - 0.8%</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
<tr>
<td>Male Sterilization (Vasectomy)</td>
<td>0.15%</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
<tr>
<td>Female Sterilization</td>
<td>0.5%</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
<tr>
<td>Injectable</td>
<td>6%</td>
<td>Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Pill</td>
<td>9%</td>
<td>Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Patch</td>
<td>9%</td>
<td>Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Ring</td>
<td>9%</td>
<td>Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>12%</td>
<td>Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Male Condom</td>
<td>18%</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
<tr>
<td>Female Condom</td>
<td>21%</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>22%</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
<tr>
<td>Sponge</td>
<td>24%</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
<tr>
<td>Sponge</td>
<td>12%</td>
<td>FDA-approved contraceptive method with long-term effectiveness.</td>
</tr>
</tbody>
</table>

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

**CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.**

**Other Methods of Contraception**

- **Lactational Amenorrhea Method**: LAM is a highly effective, temporary method of contraception.
- **Emergency Contraception**: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

QFP Recommendations
Adolescent Clients & Other Special Populations
Comprehensive Information about Pregnancy Prevention

Providers should give comprehensive information to adolescent clients about how to prevent pregnancy:

Abstinence

Contraception

Educate clients about the most effective methods first

Long-acting reversible contraception (LARC) is safe and effective for many adolescents, including those who have not been pregnant or given birth

Use condoms to reduce the risk of STDs
Confidential Services

Providers of family planning services should offer confidential services to adolescents and observe all relevant state laws and any legal obligations, such as notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest, as well as human trafficking.
Providers should encourage and promote communication between the adolescent and his or her parent(s) or guardian(s) about sexual and reproductive health.
In addition to providing postpartum contraception, providers should refer pregnant and parenting adolescents to home visiting and other programs that have been shown to provide needed support and reduce rates of repeat teen pregnancy.
Case Study

• 33 year old G₃P₃ established patient seen for family planning health screening visit
• Using metformin for type 2 diabetes
• Mutually monogamous relationship
• Recent fasting lipid profile normal
• LMP 3 weeks ago; using condoms for contraception
• Cervical cytology test 2 years ago was negative
• Screened negative for HIV in each of her 3 pregnancies
Case Study

- Would like to start oral contraceptives...today if possible
  - 13 cycles of monophasic dispensed
- Face-to-face time: 23 minutes; 18 minutes counseling
- What needs to be done in regard to...
  - Counseling?
  - Method choice?
  - Screening tests?
Reproductive Life Plan Questions (Examples)

- Do you hope to have any (more) children?
- How many children do you hope to have?
- How long do you plan to wait until you next become pregnant?
- How much space do you plan to have between your pregnancies?
- What do you plan to do until you are ready to become pregnant?
- What can I do today to help you achieve your plan?
One Key Question

Would You Like to Become Pregnant in the Next Year?

Do I want to become pregnant in the next year?

www.onekeyquestion.org
# US MEC 2010: Diabetes

<table>
<thead>
<tr>
<th>Condition</th>
<th>OC/P/R</th>
<th>POP</th>
<th>DMPA</th>
<th>Imp I</th>
<th>LNG-IUD</th>
<th>Cu-IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hx gestational diabetes</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nonvascular disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Noninsulin-dependent</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>ii. Insulin-dependent</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Nephropathy/retinopathy/neuropathy</td>
<td>3/4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other vascular disease or diabetes of &gt;20 yrs' duration</td>
<td>3/4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
## SPR Appendix B: When To Start Using Specific Contraceptive Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>When to start</th>
<th>Back-Up</th>
<th>Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cu-IUC</td>
<td>Anytime</td>
<td>none</td>
<td>pelvic exam</td>
</tr>
<tr>
<td>LNG-IUS</td>
<td>Anytime</td>
<td>If &gt;7d*</td>
<td>Pelvic exam</td>
</tr>
<tr>
<td>Implant</td>
<td>Anytime</td>
<td>If &gt;5d*</td>
<td>none</td>
</tr>
<tr>
<td>Injection</td>
<td>Anytime</td>
<td>If &gt;7d*</td>
<td>none</td>
</tr>
<tr>
<td>CHC</td>
<td>Anytime</td>
<td>If &gt;5d*</td>
<td>BP</td>
</tr>
<tr>
<td>POP</td>
<td>Anytime</td>
<td>If &gt;5d*</td>
<td>none</td>
</tr>
</tbody>
</table>

* After the first day of menstrual bleeding
## SPR Appendix C: Exams And Tests Needed Before Method Initiation

<table>
<thead>
<tr>
<th>Examination</th>
<th>Needed for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>OC, patch, ring</td>
</tr>
<tr>
<td>Clinical breast examination</td>
<td>None</td>
</tr>
<tr>
<td>Weight (BMI)</td>
<td>Hormonal methods</td>
</tr>
<tr>
<td>Bimanual examination, cervical inspection</td>
<td>IUC, cap, diaphragm</td>
</tr>
<tr>
<td>Glucose, Lipids</td>
<td>None</td>
</tr>
<tr>
<td>Liver enzymes</td>
<td>None</td>
</tr>
<tr>
<td>Thrombogenic mutations</td>
<td>None</td>
</tr>
<tr>
<td>Cervical cytology (Papanicolaou smear)</td>
<td>None</td>
</tr>
<tr>
<td>STD screening with laboratory tests</td>
<td>None</td>
</tr>
<tr>
<td>HIV screening with laboratory tests</td>
<td>None</td>
</tr>
</tbody>
</table>
## SPR Appendix D: Routine Follow-Up After Contraceptive Initiation

<table>
<thead>
<tr>
<th>Activity</th>
<th>IUC</th>
<th>Implant</th>
<th>Injectable</th>
<th>CHS</th>
<th>POP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return any time</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Assess satisfaction at routine visits</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Assess for change in health status (MEC 3,4)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Consider string check</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider assessing weight change</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Measure blood pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
## CDC 2010: Routine STI Screening in Women

<table>
<thead>
<tr>
<th>Age</th>
<th>18-20</th>
<th>21-25</th>
<th>26-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT (Both)</td>
<td>Annually</td>
<td></td>
<td>Hi risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GC (Both)</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td>Once, then Hi risk only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vag trich</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C - CDC 2012</td>
<td>Hi risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Routine annual screening of sexually active women under 26**
- **One time screening of adults born 1945-1965**

---

**CT (Chlamydia)**: Annually or on high-risk basis

**GC (Gonorrhea)**: On high-risk basis

**HIV**: Once, then on high-risk basis

**Syphilis**: On high-risk basis

**Vag trich**: On high-risk basis

**Hepatitis C**: On high-risk basis

---

**CT (Both)**

- Annually
- Hi risk

**GC (Both)**

- Hi Risk

**HIV**

- Once, then Hi risk only

**Syphilis**

- Hi Risk

**Vag trich**

- Hi Risk

**Hepatitis C**

- Hi risk
## Routine Cancer Screening in Women

<table>
<thead>
<tr>
<th>Age</th>
<th>18-20</th>
<th>21-25</th>
<th>26-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cervix CA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cytology</td>
<td>None</td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Co-testing</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CBE</strong></td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td></td>
<td>Annual with MG</td>
<td></td>
</tr>
<tr>
<td>- ACS</td>
<td>None</td>
<td>Q 3 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ACS</td>
<td></td>
<td>Hi Risk</td>
<td></td>
<td>[I]</td>
<td>Annual Q2y [C]</td>
<td>Q2y [B]</td>
</tr>
<tr>
<td>- USPSTF</td>
<td></td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Colorectal cancer</strong></td>
<td>None</td>
<td>Hi Risk</td>
<td></td>
<td></td>
<td>[A]</td>
<td></td>
</tr>
</tbody>
</table>

Note: Q: Quarterly, A: Annual, MG: Mammography

- [I] indicates an additional recommendation
- [A] indicates a special indication

**Office of Population Affairs (OPA)**
Preconception Care for Diabetics

- Diabetes in pregnancy is associated with higher rates of
  - Miscarriage
  - Fetal malformations: esp cardiac and neural tube defect
  - Pre-eclampsia, preterm labor
  - Macrosomia, birth injury, and perinatal mortality
- Lower risk if optimal glycemic control, before & during pregnancy
  - Insulin to achieve target blood glucose levels
  - Use metformin as an adjunct or alternative

Summary of Patient Management

- **QFP**: review reproductive life plan; discuss all methods
- **MEC**: can use oral contraceptives with same day start
- **SPR**: assess BP, BMI only
- **STD**: no STI screening tests indicated
- **HIV**: screening not necessary
- **Cancer screening**: clinical breast exam Q 1-3 years
- **Preconception care**:
  - *Discuss preconception glucose control with all diabetics*
QFP Recommendations
Quality Improvement
Providing Quality Family Planning Services draws on the IOM’s (2001) definition of “quality” care.

- Safe
- Effective
- Client-centered
- Timely/ Accessible
- Efficient
- Equitable

Improved reproductive health outcomes
1. Select performance measures

2. Collect data

3. Consider and use the findings
   - What is the performance level?
   - Does performance vary across providers/services sites?
   - What are potential causes of poor performance?
   - What are possible steps that can be taken to improve performance gaps?
Percentage of Contraceptive Clients Using Moderately or Most Effective Methods of Contraception, by Title X grantee, Family Planning Annual Report, 2012.
Plans to Support Implementation of the QFP Recommendations
Future efforts to implement and strengthen QFP

Providing Quality FP Services (QFP)
- Ongoing updates
- "Big" update

Implementation
- Dissemination
- Training – service site staff
- Clinical decision support
- Quality improvement

Evaluation & Research

Surveillance summary
Updating QFP

- Intent to update every 4 years
- Next revision may identify additional priority areas
- Ongoing update as new CDC and USPSTF recommendations are released
- Ad hoc updates on an as-needed basis, e.g., if major new clinical recommendations or research findings are released
Implementation Tools

- **Short term**
  - Job aids drawn from QFP
  - Continuing education (CE), webinars, and other ways to increase knowledge about QFP recommendations

- **Longer term**
  - Comprehensive set of training materials to build skills needed to implement all aspects of QFP
  - Related implementation support materials, such as job aids, patient education materials
  - Tools to address systems change, such as clinical decision support tools
New Recommendations for Quality Family Planning Services

Program Guidelines

QFP KEY RESOURCES

- Providing Quality Family Planning Services MMWR & CE Credit
- QFP One-Page Overview
- Clinical Pathway for Family Planning Services for Women and Men of Reproductive Age
- Family Planning and Related Preventive Health Services Checklists for Women and Men
- The Revised Title X Program Guidelines Video

DID YOU KNOW?

Family planning services are an integral part of delivering quality health care for the millions of men and women of reproductive age (15-44 years). Offering family planning services—at every encounter—provides a unique opportunity to link women and men to a continuum of reproductive health care.
Evaluation

- Baseline survey of providers & service sites
- Two-year follow up
- Assess impact on:
  - Provider knowledge, attitudes, practices
  - Characteristics of the service delivery infrastructure
Summary

The new QFP recommendations should:

- Introduce a consistent set of evidence-informed recommendations for all providers of family planning services
- Strengthen the delivery of contraceptive services
- Support use of the family planning visit to provide other essential preventive services for women and men
- Encourage more research to strengthen the evidence base for specific strategies and services
For more information...

Contact:

Susan Moskosky at Susan.Moskosky@hhs.gov

Lorrie Gavin at lcg6@cdc.gov