(**insert AGENCY name**)

Reproductive Health Program

Clinical Practice Standard

|  |  |
| --- | --- |
| **Subject:** Core Reproductive Health Services | **No.** |
| **Approved by:** | **Effective Date:** |
| **Revised Date:** January 2021, January 2022, October 2022, **January 2024** | |
| **References:** U.S. Preventive Services Task Force (USPSTF); Providing Quality Family Planning Services (CDC QFP), 2016; American College of Obstetricians and Gynecologists (ACOG); Center for Disease Control and Prevention - 2021 STD guidelines (CDC). | |

**POLICY:** This Clinical Practice Standard follows the recommendations of the CDC QFP, 2016; USPSTF; ACOG, and CDC STD guidelines, 2021.

**PURPOSE:** This Clinical Practice Standard provides guidance to reproductive health providers on the provision of core reproductive health services, including access to selected preventive health services for improving health outcomes and increasing quality of life.

This clinical practice standard is intended to be used in conjunction with the provision of family planning and reproductive health services.

**STANDARD:**

**(insert Agency’s Name)** NP, PAs, DOs, NDs, MDs and RNs should provide the following screening, counseling and education services based on recommended frequencies for clients at reproductive health visits. At a minimum these services should be provided annually.

|  |  |  |
| --- | --- | --- |
| **Service** | **Initial visit?** | **Return visit?** |
| Provide client-driven care through quality counseling and education | X | X |
| Review medical history | X | X |
| Assess for risk of pregnancy, offer EC when indicated | X | X |
| Review sexual history, assess behavioral risk factors\* | X |  |
| Counsel on STI risk | X |  |
| Screen for STIs if needed | X | X |
| Discuss reproductive needs and preferences\* | X |  |
| Blood pressure | X | X |
| \* Assess on an annual basis. | | |
| Note: Adolescents and adults should be screened regularly for tobacco and alcohol use, depression, anxiety, and intimate partner violence. If these have not recently occurred (< 1 year), consider incorporating them into a contraceptive visit (see details below). | | |

**PROCEDURE:**

1. Provide client-driven care through quality counseling and education using the 5 key principles:
2. Establish and maintain rapport with the client;
3. Assess the client’s needs and personalize discussions accordingly;
4. Work with the client interactively to establish a plan;
5. Provide information that can be understood and retained by the client; and
6. Confirm the client’s understanding using a technique such as the teach-back method.
7. Review medical history at each visit:
8. Significant illness;
9. Allergies;
10. Current medications - prescriptive and over the counter (OTC);
11. Use of tobacco, alcohol, and other drugs;
12. Immunization and rubella status;
13. Contraceptive use;
14. Surgical history;
15. Hospitalizations;
16. Family History;

For clients assigned female at birth, also include:

1. Menstrual history;
2. Obstetrical history;
3. Gynecological and Pap test history;
4. Review last menstrual period (LMP) and compliance with contraceptive method, if applicable. If client indicates desire for contraception, assess for risk of current pregnancy. Offer pregnancy test if indicated.

A healthcare provider can be reasonably certain that a client is not pregnant if they have no symptoms or signs of pregnancy and meets the following:

* Is ≤7 days after the start of normal menses;
* Has not had sexual intercourse since the start of last normal menses;
* Has been correctly and consistently using a reliable method of contraception;
* Is ≤7 days after spontaneous or induced abortion;
* Is within 4 weeks postpartum;
* Is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrhoeic, and < 6 months postpartum.

1. Review sexual health history on initial visit and at least annually thereafter.

Use openthere-ended questions to facilitate rapport with client. One strategy is the “Five P” approach:

* Partners: “How would your partners identify their gender?” “How many partners have you had sex with?” “Have any of your partners had sex with someone else while still in a sexual relationship with you?”
* Practices: “Have you had vaginal sex”; “Have you had anal sex?”; “Have you had oral sex?”; “Do you use condoms- never, sometimes, or always?”
* Prevention of pregnancy: “What are you doing to prevent pregnancy?”
* Protection from STIs: “What do you do to protect yourself from STDs and HIV?”
* Past history of STIs: “Have you ever had an STI?” “Have any of your partners had an STI?”

1. Assess behavioral risk. Provide intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. *USPSTF Grade B Recommendation (2014)*

* Inform clients on how to reduce their risk for STI transmission, including abstinence, correct and consistent condom use, and limiting number of sex partners.
  + Educate *all* sexually active clients on the availability of pre-exposure prophylaxis (PrEP) to prevent HIV infection. Prescribe or refer for PrEP in any client who requests it, whether or not they disclose risk factors for acquiring HIV. *CDC (2021 update)*

1. Screen for STIs as appropriate. Follow the [*STI Screening CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-STI.docx)to determine appropriate screening recommendations.
2. Discuss the client’s reproductive needs and preferences at least annually by asking:

Do you have children now?

Do you want to have (more) children?

How many (more) children would you like to have and when?

* If the client does not want a child at this time and is sexually active, then offer contraceptive services.
* If the client wants to have a child now, then provide services to help the client achieve pregnancy and provide preconception counseling.
* If the client wants to have a child and is experiencing difficulty conceiving, then provide basic infertility services.

1. Clients who are capable of and open to pregnancy should be counseled to take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. *USPSTF Grade A Recommendation (January 2017)*
2. Assess for depression and anxiety in adults and adolescents, including pregnant and postpartum clients, using the PHQ-2 and GAD-2. Screening should be implemented when adequate supports are in place to assure accurate diagnosis, effective treatment, and follow-up. *USPSTF* *Grade B Recommendation (January 2016, February 2016, October 2022)*
   1. If depression or anxiety is identified, the client will be referred to the (**insert COMMUNITY RESOURCE**) behavioral health staff for further evaluation.
   2. If the client expresses suicidal ideation, the on-call crisis worker will be contacted, and the client immediately referred.
3. Screen all clients of reproductive age for intimate partner violence (IPV). *USPSTF Grade B Recommendation (October 2018)*
4. Use a screening instrument and/or provide universal education and empowerment around IPV ([CUES intervention](https://ipvhealth.org/health-professionals/educate-providers/)). Some possible screening tools include:

* Hurt/Insult/Threaten/Scream (HITS)
* Humiliation, Afraid, Rape, Kick (HARK)
* Extended Hurt/Insult/Threaten/Scream (E-HITS)
* Partner Violence Screen (PVS);
* Woman Abuse Screening Tool (WAST)

1. Consider the following as you screen for IPV:

* Screen for IPV in a private and safe setting with the client alone and not with their partner, friends, family, or caregiver.
* Use a framing statement to show that screening is done universally, not because it is suspected: “We’ve started talking to all of our clients about safe and healthy relationships because it can have such a large impact on your health.”
* Address confidentiality: “Before we get started, I want you to know that everything here is confidential, meaning that I won’t talk to anyone else about what is said unless you tell me something that state laws require me to report” (give examples).
* Always use professional language interpreters and not someone associated with the client.
* Incorporate screening for IPV into the routine medical history by integrating questions into intake forms or EHR templates so that all clients are screened whether or not abuse is suspected.
* Establish and maintain relationships with community resources for clients affected by IPV.
* Keep printed take-home resource materials such as safety procedures, hotline numbers, and referral information in privately accessible areas such as restrooms and examination rooms. Posters and other educational materials displayed in the office also can be helpful.
* Ensure that staff receive annual training about IPV.

1. For clients who screen positive, provide, or refer to, ongoing support services to (insert **COMMUNITY RESOURCE**)
2. Discuss consent and healthy relationships with clients.
3. Assess for tobacco use at least annually.
   1. Ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. *USPSTF Grade A Recommendation (September 2015)*
4. Screen adults aged 18 years or older for alcohol misuse.
5. Provide clients engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. *USPSTF Grade B Recommendation (November 2018)*
6. For adolescents aged 12 to 17 years current evidence is insufficient to assess the benefits and harms of screening and brief behavioral counseling interventions for alcohol use. *USPSTF Grade I Recommendation (November 2018)*
7. Routinely screen clients for unhealthy drug use. *ACOG (2015), USPSTF (2020)*

**LABORATORY SERVICES**

1. Blood Pressure assessment or review at every visit: normal <140/90; refer clients with blood pressure reading > 140 systolic or > 90 diastolic to a primary care provider for further evaluation - *USPSTF recommends screening for high blood pressure in adults aged 18 and older, obtain measurements outside of clinical setting for diagnostic confirmation before starting treatment. USTPTF Grade A Recommendation (October 2015). Blood pressure assessment will be provided for clients of all ages despite the USPSTF October 2013 conclusion that there is insufficient evidence to assess the balance of benefits and harms for screening for primary hypertension in asymptomatic children and adolescents to prevent subsequent cardiovascular disease in childhood or adulthood; USPSTF Grade I Recommendation (October 2013).*
2. The USPSTF gives a grade B recommendation to screening adults and children for obesity using BMI and referring those with BMI of 30 kg/m2 or higher to intensive, behavioral interventions. However, it is well-established that BMI alone is not a good predictor of health status. There is a growing body of evidence that a Health at Every Size approach (supporting improved health behaviors for people of all sizes) results in more successful health outcomes without the potential negative consequences of weight cycling, reduced self-esteem, eating disorders, or weight stigmatization and discrimination. Agencies may choose to assess BMI routinely or only when clinically indicated.

**PLAN:**

1. If client indicates desire to prevent pregnancy, provide client-driven counseling to elicit client’s needs and preferences related to choosing a contraceptive method. See method-specific *Clinical Practice Standard* for guidance on method provision.
2. As applicable, assess for recent sexual activity where intercourse was unprotected and offer emergency contraception (EC) for immediate use if indicated by client’s desire to prevent pregnancy.
3. Consider offering advance provision of emergency contraception to all clients who desire to prevent pregnancy. See [*Emergency Contraception CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-EC.docx) for more information.
4. Offer and provide condoms for STI protection.
5. See service-specific *Clinical Practice Standards* for best practice guidance in providing other quality reproductive health services as needed.
6. Support open communication between minors and a trusted adult (parent, guardian, relative, mentor, etc.) about their reproductive needs and preferences.
7. Review client’s history of recommended health screenings. Send a Release of Records for past health screenings, if performed elsewhere.
8. Offer and schedule a Reproductive Health Well Visit with the prescribing provider if the client has not had one within the past 12 months.
9. Provide tobacco cessation interventions for those who use tobacco products.
10. Refer for assistance if the intimate partner violence screen is positive.
11. Refer for further evaluation and treatment if the depression or anxiety screen is positive.
12. Provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
13. Offer referral for evaluation and treatment if the client discloses substance abuse.

**REFERENCES:**

The American College of Obstetricians and Gynecologists, 2015. Committee Opinion- Alcohol Abuse and Other Substance Use Disorders: Ethical Issues in Obstetric and Gynecologic Practice. Retrieved from: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/06/alcohol-abuse-and-other-substance-use-disorders-ethical-issues-in-obstetric-and-gynecologic-practice>

The American College of Obstetricians and Gynecologists, 2012. Committee Opinion Number 512– Intimate Partner Violence. Retrieved from: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence>

The American Medical Association, 2023. AMA adopts new policy clarifying role of BMI as a measure in medicine. https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-clarifying-role-bmi-measure-medicine

Bacon, L., Aphramor, L. Weight Science: Evaluating the Evidence for a Paradigm Shift. *Nutr J* 10, 9 (2011). <https://doi.org/10.1186/1475-2891-10-9>

Centers for Disease Control and Prevention, 2016. Providing Quality Family Planning Services. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm>

Centers for Disease Control and Prevention, 2021. Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update Clinical Practice Guideline <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>

Futures Without Violence National Health Resource Center on Domestic Violence, 2021. The evidence behind CUES, an intervention to address intimate partner violence in health settings. <https://ipvhealth.org/wp-content/uploads/2021/08/Evidence-for-CUES_1.28.21.pdf>

Tomiyama, A., Hunger, J., Nguyen-Cuu, J. *et al.* Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005–2012. *Int J Obes* 40, 883–886 (2016). <https://doi.org/10.1038/ijo.2016.17>

US Department of Health and Human Services Centers for Disease Control and Prevention. n.d. A Guide to Taking a Sexual History. Retrieved from <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

United States Preventive Services Task Force. Published Recommendations. Retrieved from <http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>