

Changes to Clinical Practice Standards: November 2022

The RHCare Clinical Practice Standards are meant to ensure that all clients are provided the same high-quality scope of reproductive health services at certified RHCare clinics.

Clinical Practice Standard	Type of Change	Notes
Abstinence	Removed	
Autoclave Pre-Sterilization and Maintenance	Removed	Removed non-clinical CPSs. Available upon request.
Basic Infertility Services	Updated recommendations, Revised language	Changed minor history-taking and exam components to align with national protocol. Changed gendered/heteronormative language.
Cleaning and Disinfecting	Removed	Removed non-clinical CPSs. Available upon request.
Core Reproductive Health Services	Change in National Standards, Revised wording	Added recommendation to screen for anxiety, per USPSTF. Added recommendation to educate all clients about PrEP, per CDC. Height and weight are no longer routinely required for all visits. Simplified language about offering advance provision of EC.
Emergency Contraception	New evidence-based recommendations, Align with CDC SPR	Added 52mg LNG IUD for EC. Changed need for backup method after taking UPA from 14 days to 7 days, per CDC SPR. Added shared decision-making for starting DMPA, implant, or IUD on same day as UPA per CDC SPR. Changed recommendation about discarding breastmilk for 1 week after taking UPA - no longer required per FDA-approved labeling. Simplified language about advance provision of ECPs.
Hormonal Contraceptive Patch	Change in National Standard	Added information on continuous use of the patch, per ACOG.
Lactational Amenorrhea Method	Clarification	Removed the bullet point "Clients with conditions that make pregnancy an unacceptable risk should be advised that LAM might not be appropriate for them because of its relatively higher typical-use failure rate." Typical use of LAM is higher than typical use of most other methods including CHCs.
Intrauterine Contraception	Change in National Standards, Revised wording	Updated use of Mirena through 8 years per FDA approval. Allowed for counseling on extended use of Paragard through 12 years. Changed nomenclature to conform with WHO/SFP recommendation (Copper/hormonal IUDs instead of IUD/IUS). Added from SPR: Misoprostol is not recommended for routine use before IUD insertion, and paracervical block with lidocaine may reduce pain during IUD insertion. Optional use of antiseptic on cervix (not supported by evidence, per Contraceptive Technology 21st edition).

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Pharmacy Dispensing	New product	Changed sample formulary (attachment 1) to include Phexxi.
Pregnancy Test Visit	Clarification	Allows for any trained staff to provide pregnancy testing - not limited to clinicians and RNs. Deleted repetitive information.
Reproductive Health Well Visit	Align with Title X requirements, Encourage shared decision-making	Removed information/requirement for non-RH screenings (lipids, diabetes, colorectal cancer, etc). Providers should still offer/refer for these screenings but they are outside the scope of RHCare. Allowed for shared decision-making re: clinical breast exam and age to begin mammograms, per ACOG.
STI Screening, Testing and Treatment	Change in Standards, Streamline information	Combined screening, testing, and treatment CPSs into one. Updated to align with the new OHA STD/TB/HIV Program STI screening recommendations released in 2022. These include: --routine universal screening for syphilis --routine universal screening for Hepatitis B --anyone who requests screening should receive it CPS provides links to CDC STI Treatment Guidelines, rather than copying and pasting that information into the CPS itself.
Subdermal Implant	Change in National Standard	Allowed for counseling on extended use of Nexplanon through 5 years.
Vaginal spermicides and pH modulators	New product	Added information about Phexxi.
All birth control methods	Revised language	Removed list of category 3 and 4 conditions; provided link to US MEC. Clarified language around who can provide methods to clients with category 3 conditions. "Plan" components that were repeated in each method-specific CPS were deleted and moved to the Core RH Services CPS. Increased amount of supplies that RNs can dispense under a standing order to 1 year. Clients still must see prescribing provider to continue their method beyond that time. Added language to encourage dispensing a 1-year supply whenever possible.