


Healthy Start and New Recommendations for Providing Quality Family Planning Services


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



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cma/contact.html>.



U.S. Department of Health and Human Services
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Speakers for Today's Webinar

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Susan Moskosky



Lorrie Gavin

Session Objectives

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To review:

- Process of developing Providing Quality Family Planning Services (QFP)
- Key recommendations from QFP
- Plans to support implementation of QFP

Poll Questions

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- Have you heard about the Quality Family Planning Recommendations?
 - Yes/no
- Are you using the Quality Family Planning Recommendations?
 - Yes/no

Reproductive Health Burden in the U.S.



Each year in the United States:

- More than one-half of pregnancies are unintended (more than 3 million) (Finer, 2014)
- >700,000 teens become pregnant (NCHS, 2012)
- 1 in 8 pregnancies results in a preterm birth (NCHS, 2013)
- 1.5 million married women are infertile (NCHS, 2013)



Healthy Start and Family Planning

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- Healthy Start Program works to prevent:
 - Infant mortality
 - Low birth weight
 - Preterm birth
 - Maternal morbidity and mortality
- Key: Improving women's health before, during, and after pregnancy
 - Includes timing and spacing of pregnancies
- Interpregnancy intervals (Gemmill, 2013):
 - 35% <18 months
 - 50% 18-59 months
 - 15% ≥60 months



Providing Quality Family Planning Services (QFP)

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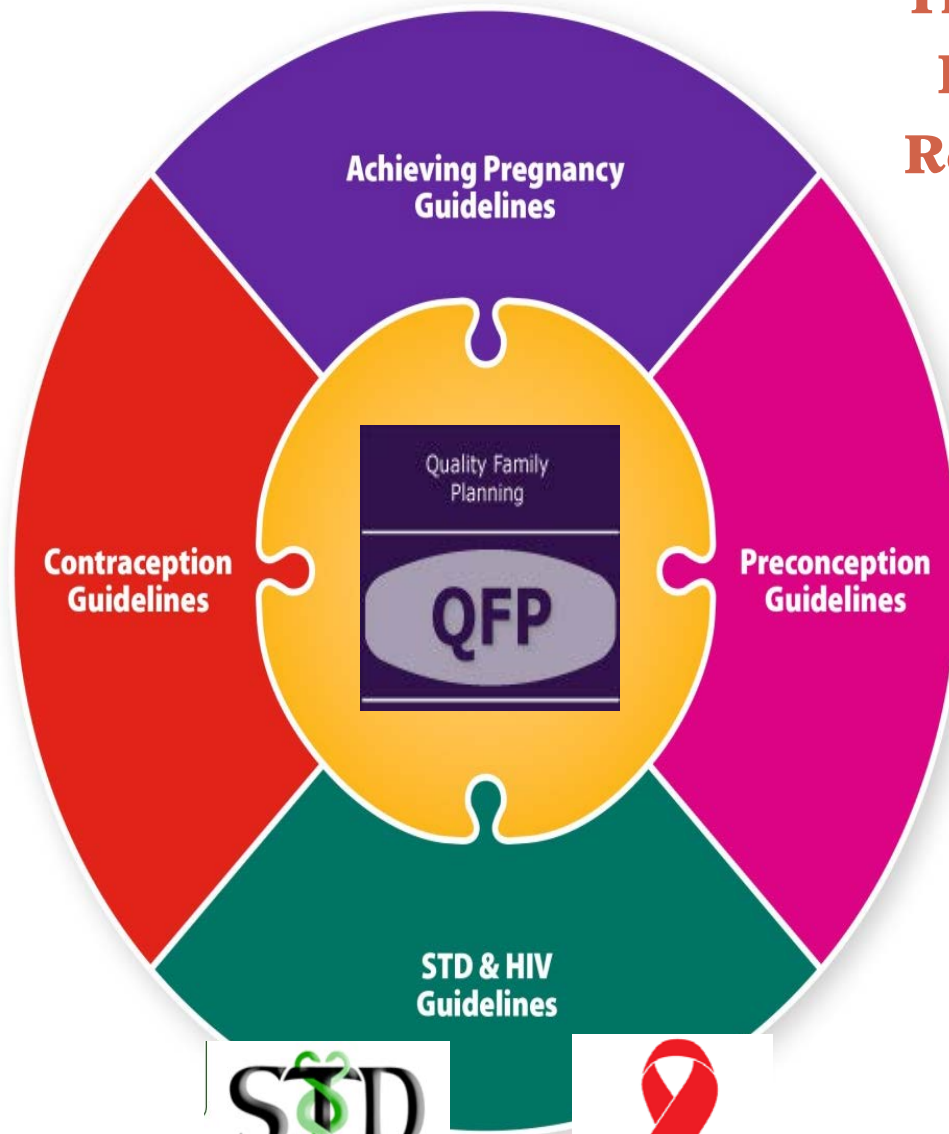


Purpose of QFP

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- 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 intended audience is all providers of family planning services

The “Suite” of CDC Family Planning Recommendations



Methods Used to Develop the Recommendations in QFP

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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

IOM (Institute of Medicine) 2011. Clinical Practice Guidelines We can Trust. Washington, DC. The National Academies Press.



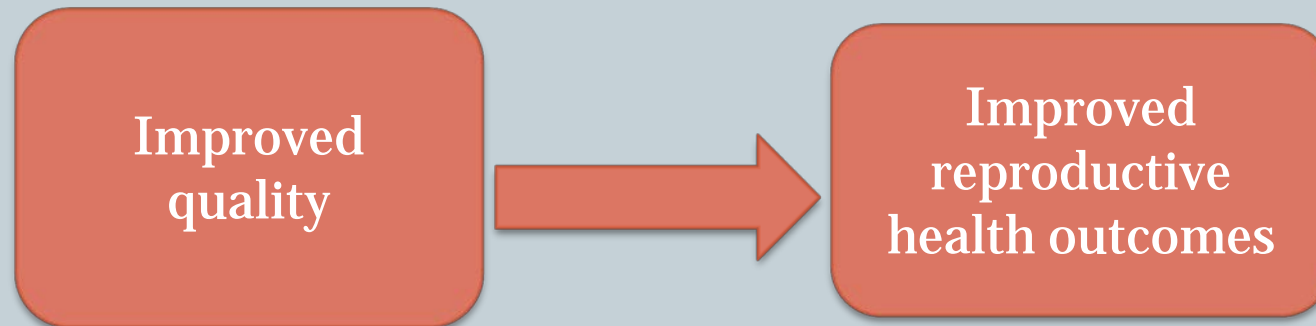
Conceptual Framework

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Based on the IOM's definition of "quality":

Safe
Effective
Client centered
Timely

Accessible
Efficient
Equitable
Value



Framework for Family Planning, Related and Other Preventive Services

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Flow Diagram of Family Planning & Related Services

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Determine the need for services

Reason for visit is related to preventing or achieving pregnancy

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

Contraceptive Services

Pregnancy testing and counseling

Achieving Pregnancy

Basic infertility services

Acute care
Chronic care management
Preventive services

Assess need for services related to preventing or achieving pregnancy

If needed, provide services

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

Clients should also be offered or referred for these services, per recommendations

Related preventive health services

QFP Recommendations about Clinical Services

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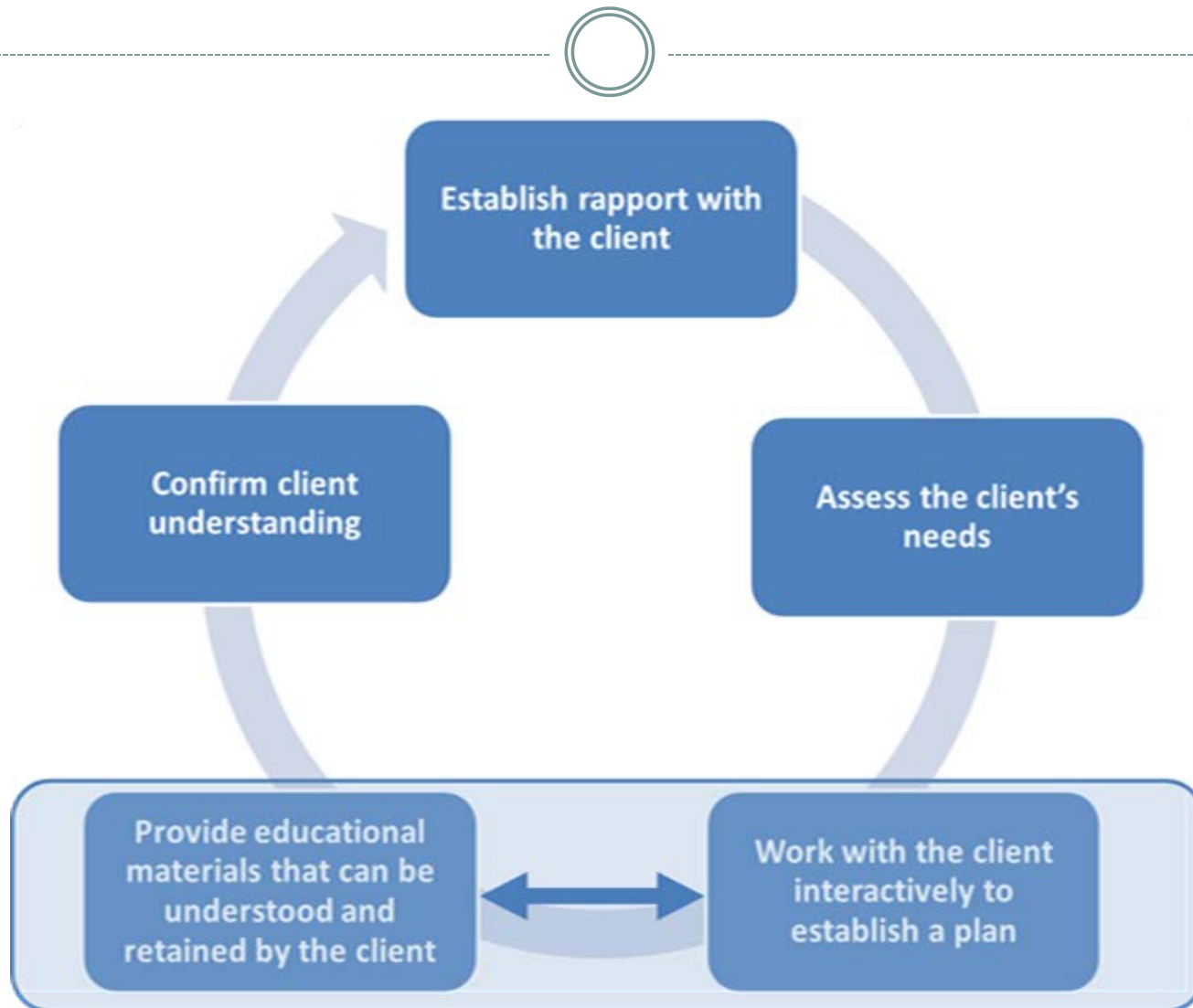


Contraceptive Services

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- 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

Principles of Quality Counseling

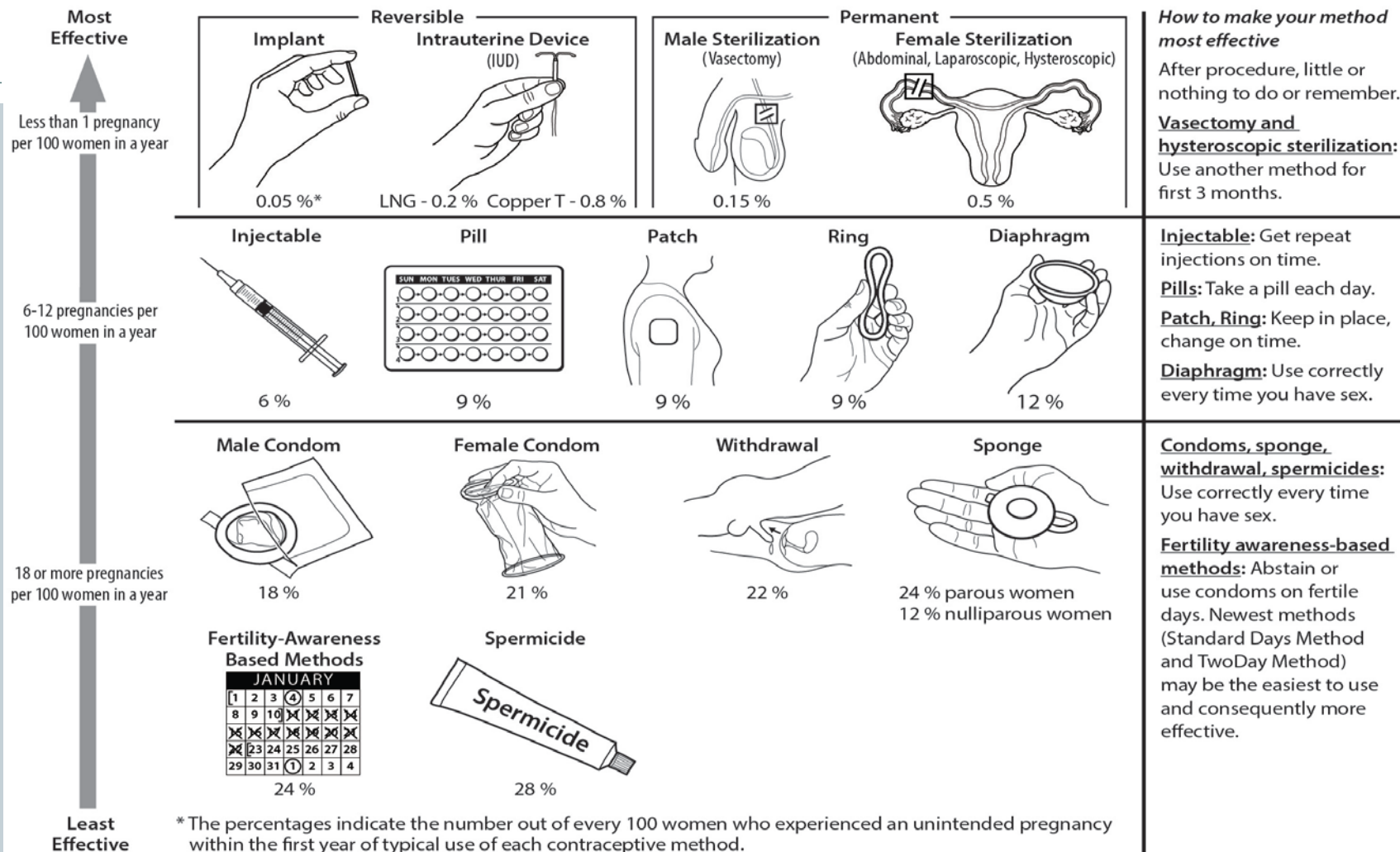


Key Steps in Providing Contraceptive Services



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



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.

Adapted from WHO's Family Planning: A Global Handbook for Providers (2001) and Trussell et al (2011).

Preconception Health Services

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- 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 for Women

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- 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



Preconception Health Services for Men

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- 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

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- 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

STD Services - Women

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Provide STD services in accordance with CDC recommendations

STD	Female clients to be screened
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

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Provide STD services in accordance with CDC recommendations

STD	Male clients to be screened
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 those 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

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- 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 (ACOG and ACS)

Quality Improvement

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QFP recommends:

- Family planning programs should have a system for quality improvement, which is designed to review and strengthen the quality of services on an ongoing basis.
- They should select, measure, and assess at least one outcome measure for which the service site can be accountable.

Proposed Clinical Performance Measures for Contraceptive Services



Percentage of female clients aged 15-44 years who are at risk of unintended pregnancy who adopt or continue use of FDA-approved methods of contraception that are:

- 1. Most effective**
 - male or female sterilization
 - implants
 - intrauterine devices/systems**OR**
 - injectables
 - oral pills, patch, ring
 - diaphragm
- 2. Long-acting reversible contraception**
 - implants
 - intrauterine devices/systems

Plans to Support Implementation of QFP

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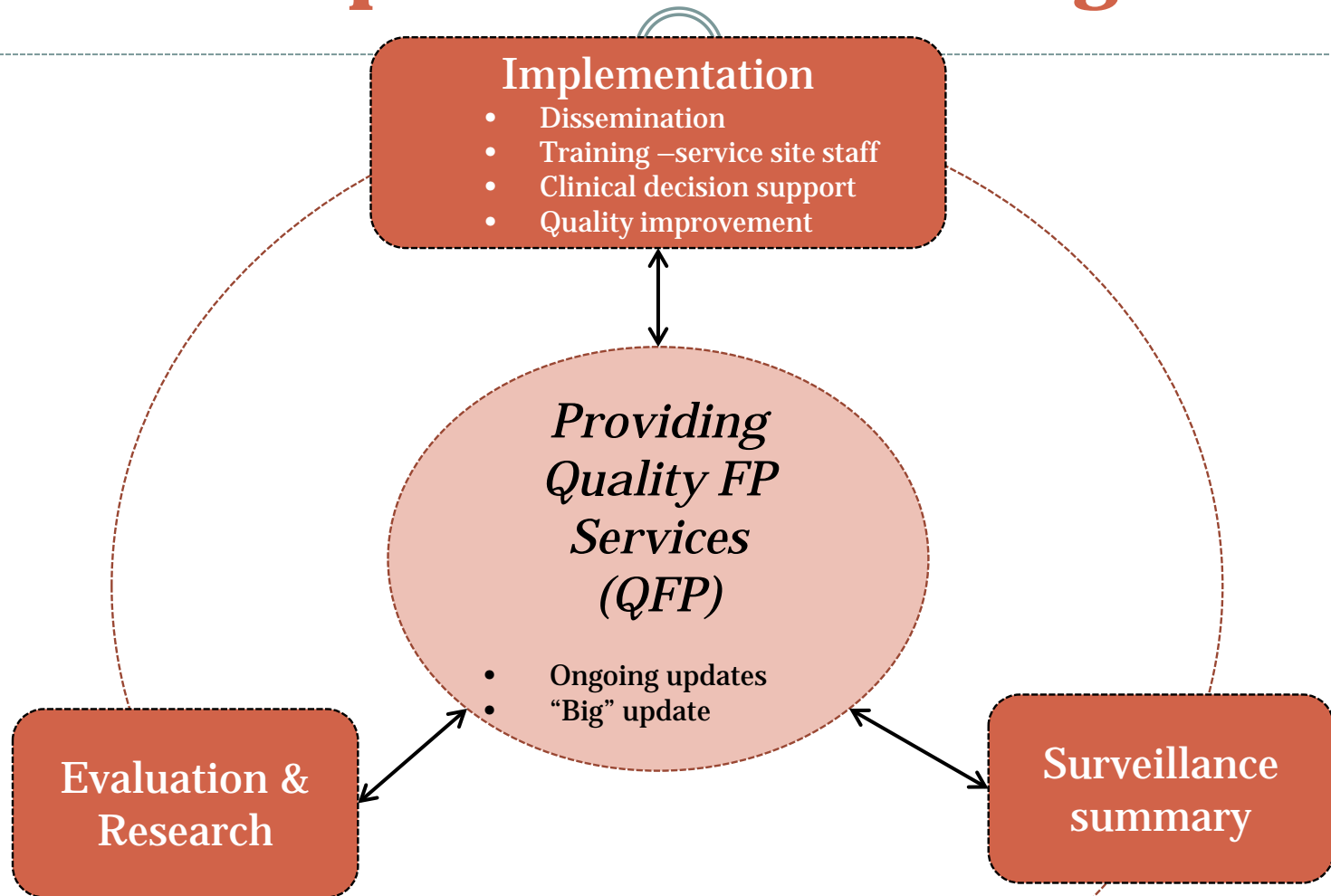


Updating QFP

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- 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

Efforts to implement and strengthen QFP





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New Recommendations for Quality Family Planning Services



Got QFP
Questions?

<http://www.fpntc.org/resources/new-recommendations>

define what family planning services to offer during a health care visit, and describe *how* to provide them—to women and men. The *Title X Program Requirements* focus on Title X statutory and regulatory policies.

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**



The Quality Family Planning Recommendations (QFP) Integrate & Fill Gaps in Other Guidelines for the Family Planning Setting

ENLARGE

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

Evaluation

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



Summary

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The 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

Questions?

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For more information...

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Wrap Up and Reminders

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Upcoming Webinars:

- Part 1: How to Talk to Parents about Breastfeeding: Starting the Conversation: May 12 from 3:00-4:00 EST
- Collective Impact: Launching our Learning Together: May 13: from 3:00-4:00 EST
- Male Inclusion/Fatherhood: Why is this important and readiness strategies for staff and organization: May 14 from 3:00-4:00 EST
- Domestic Violence Screening and Follow-up: May 19 from 3:00-4:00 EST

EPIC Center website:

- <http://www.healthystartepic.org>
- Includes all recorded webinars, transcripts, and slide presentations