

### 8.10.1 ACHIEVING PREGNANCY

**Policy:** Title X clinics must offer services for male and female clients who want to become pregnant (achieving pregnancy) as core Title X family planning services.

Services for clients who want to become pregnant address the needs of clients who have been trying to get pregnant for less than 12 months. Title X providers should counsel clients who wish to become pregnant in accordance with the recommendations of professional medical organizations, such as the American Society of Reproductive Medicine (ASRM).

**Procedure:**

The following are components of a visit when a client is trying to achieve pregnancy:

1. Title X providers must assess and document:
  - a. Reproductive life plan
  - b. Health history, including:
    - i. Prior obstetrical outcomes
    - ii. Chronic health conditions
    - iii. Maintenance medications, particularly those that could adversely affect a pregnancy or could interfere fertility
  - c. Sexual health assessment
  - d. Blood pressure, height, weight and body mass index (BMI)
  - e. Physical examination as indicated by comprehensive health history
2. Title X providers should evaluate:
  - a. Intimate partner violence and domestic violence
  - b. Alcohol and other drug use
  - c. Tobacco use
  - d. Male testosterone use as this acts as a contraceptive in men
  - e. Immunizations
  - f. Diabetes screening, per guidelines
  - g. Depression screening
  - h. Folic acid supplementation, as appropriate
  - i. Risk assessment for genetic testing (see ACOG guidelines)

**Counseling**

If the client's history does not meet one of the standard definitions of infertility, attempting pregnancy for one year without success, then she or he may be counseled about how to maximize fertility (see MT TX FP Administrative Manual, Section 8.11, *Basic Infertility Services*).

Counseling may include:

1. Education about peak days and signs of fertility, including the 6 day interval ending on the day of ovulation that is characterized by Spinnbarkeit mucous, molimina, and other signs of ovulation.
2. Women with regular menstrual cycles should be advised that vaginal intercourse every 1-2 days, beginning soon after the menstrual period ends can increase the likelihood of becoming pregnant.
3. Methods or devices designed to determine or predict the time of ovulation (e.g. over-the counter ovulation kits, digital telephone applications, or cycle beads) should be discussed.
4. It should be noted that fertility rates are lower among women who are very thin or obese, and who consume high levels of caffeine.
5. Smoking, consuming alcohol, using recreational drugs, and using most commercially available vaginal lubricant should be discouraged as these might reduce fertility.

6. Males should avoid hot tubs, hot baths, and saunas.
7. All women planning or capable of pregnancy should be counseled to take a daily supplement containing 0.4 to 0.8 mg of folic acid (USPSTF, Grade A).
8. All counseling must be documented in the client's medical record.

**Referrals**

Clients should be referred as appropriate.

1. Clients with the following should be referred for evaluation, treatment or counseling prior to attempting pregnancy:
  - a. Pre-existing medical conditions (e.g. hypertension, diabetes, thyroid disease)
  - b. Prior high risk obstetrical histories (e.g. cervical incompetence, early loss)
  - c. Populations at risk for genetic defects or family history of genetic defects (per ACOG guidelines)
2. Clients on maintenance medications should be referred for evaluation prior to attempting pregnancy.