

8.7.1 CONTRACEPTIVE SERVICES

Policy: Title X providers must provide contraceptive services to clients who wish to delay or prevent pregnancy. Contraceptive counseling is intended to help a client choose a method of contraception and use it correctly and consistently. The goal of the Montana Title X program is to reduce barriers to the provision of contraceptive services.

Contraceptive services must include consideration of a broad scope of acceptable and effective medically approved contraceptive methods, including:

1. At least two types of hormonal birth control methods. Clinics must offer:
 - a. Oral Contraceptive Pills
 - b. Emergency Contraception
 - c. Depo Provera
 - d. Nuva Ring and/or hormonal patch
2. Natural family planning methods and services

It is recommended that clinics offer Intrauterine Contraception (IUCs) and hormonal implant (e.g. Nexplanon).

Procedure:

The following are components of a Title X contraceptive visit. To assist clients in making informed decisions, providers must educate clients in a manner that can be readily understood and retained and include:

1. Reproductive life plan
2. Health history
3. Sexual health assessment
4. Clients must understand the following:
 - a. Method effectiveness
 - b. Correct and consistent use of the method
 - c. Benefits (including non-contraceptive benefits) and risks
 - d. Potential side effects
 - e. Protection from STIs, including HIV
 - f. Starting the method
 - g. Danger signs
 - h. Availability of emergency contraception (provide on-site or by prescription)
 - i. Follow-up visit, as appropriate
5. Documentation of all counseling and informed consent must be included in the client's medical record (see MT TX FP Administrative Manual, Policy 8.2.1, *Consents*).
 - a. This may be done through a method specific consent form.
 - b. If a method specific consent form is not required, the service site must demonstrate that all required counseling is documented in the client chart.
 - c. This documentation must confirm the client understands of the contraceptive counseling.
 - d. The WMHS may be contacted for sample client information sheets on contraceptive methods at 406-444-7331.

The following are best practices for contraceptive services:

1. The teach-back method may be used to confirm the client's understanding by asking the client to repeat back messages about effectiveness, risks, benefits, appropriate method use, protection from STIs and follow-up.
2. When counseling male clients, discussion should include information about female-controlled methods (including emergency contraception), encourage discussion of contraception with partners, and provide information about how partners can access contraceptive services.
3. All Title X clients should also be reminded that condoms should be used correctly and consistently to reduce risk of STIs, including HIV.
4. When counseling any client, encourage partner communication about contraception, as well as understanding partner barriers (e.g. misperceptions about side effects) and facilitators (e.g. general support) of contraceptive use.
5. Provision of contraceptive services should include the five principles of quality counseling outlined in the QFP (see MT TX FP Administrative Manual, Reference 10.2, *Providing Quality Family Planning Services, Appendix C*). To help a client initiate or switch to a new method of contraception, providers should follow these steps:

Principal 1: Use a client centered approach with the client:

i. Strategies:

1. Use open ended questions
2. Demonstrate expertise and accessibility
3. Ensure privacy and confidentiality
4. Explain how information will be used
5. Encourage client to ask questions and share information
6. Listen to and observe the client
7. Be encouraging and demonstrate acceptance

Principal 2: Obtain clinical and social information from the client

ii. Strategies:

1. Review reproductive life plan
2. Ask about prior contraceptive experiences and preferences
3. Sexual health assessment
4. Medical history

Principal 3: Work with the client interactively to select the most effective and appropriate contraceptive method:

iii. Strategies:

1. Review all contraceptive methods that can be used safely using a tiered approach
2. Work with client interactively to select most effective and appropriate contraceptive method
3. Review method effectiveness, correct use of the method, non-contraceptive benefits, side effects
4. Review protection from STIs and HIV
5. Review social behavioral factors which might influence the correct and consistent use of method
6. Evaluate intimate partner violence/domestic violence
7. Evaluate mental health and substance use behaviors

Principal 4: Conduct a physical assessment based on history, provider evaluation, and medical guidelines

iv. Strategies:

1. Blood pressure, weight/BMI
2. Assess current pregnancy status prior to initiation of contraception
3. Periodic physical assessment as determined by provider

Principal 5: Provide the contraceptive method along with instructions about correct and consistent use

- v. Strategies:
 - 1. Help the client develop a plan for using the selected method
 - 2. Confirm client understanding/review warning signs for rare, but serious adverse events, and what to do if they experience a warning sign
 - 3. The client's understanding of the most important information about the chosen contraceptive method must be documented in the medical record using the method specific consent, checkbox or written statement
 - 4. Arrange appropriate follow-up
 - 5. Document in medical record
- 6. Provide counseling for returning clients
 - a. Strategies:
 - i. Ask if the client has any concerns, side effects, untoward reactions
 - ii. Assess changes in medical history since prior visit
 - iii. If there are no concerns about continued use, provide more supplies, arrange follow-up or revisit
 - iv. If the client has concerns about the method, ask if the client would like to consider another method, and repeat the above steps
 - v. Make appropriate referrals for any needed medical and/or social services not provided through the clinic (see MT TX FP Administrative Manual, Section 8.13, *Referrals and Reporting*)
 - vi. Counsel regarding the client's responsibility in complying with the referral and document the counseling