

15.7 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 Family Planning Program is to reduce barriers to the provision of contraceptive services.

1. Ensure that any factory prepackaged contraceptives dispensed by a registered nurse must be dispensed in accordance with *MCA 37-2-104*:
 - a. A physician's written protocol specifying the circumstances under which such dispensing is appropriate; and
 - b. The drug labeling, storage, and record keeping requirements of the Board of Pharmacy.
2. Contraceptive services must include a broad scope of acceptable and effective contraceptive methods, including:
 - a. Progestin-only and Combination Oral Contraceptive Pills
 - b. Emergency Contraception
 - c. Contraceptive Injection (Depo Provera)
 - d. Vaginal Contraceptive Ring and/or Contraceptive Patch
 - e. Intrauterine Contraceptive Device (IUD)
 - f. Contraceptive Implant (e.g. Nexplanon)
 - g. Fertility Awareness-Based Method(s) and services
 - h. Barrier Method(s)

Title X clinics must provide emergency contraception (EC) as a contraceptive service. All clients must be made aware that emergency contraception is provided as a Title X service.

Women seeking EC are at high risk of unintended pregnancy. Emergency contraception are methods women can use after unprotected or under protected intercourse to prevent pregnancy. There are no medical contraindications to use emergency contraception, except pregnancy. If a woman is already pregnant, emergency contraceptive pills will not harm an established pregnancy.

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 (provided on-site or by prescription)
 - i. Follow-up visit, as appropriate

1. Emergency contraception may be dispensed in the clinic under signed standing orders.
2. For over the counter EC:
 - a. Title X providers should educate women regarding current data related to progestin-only Emergency Contraceptive Pills (ECPs) and weight.
 - b. Title X providers do not have to ask for proof of age for persons requesting to purchase ECP over the counter (OTC).
 - c. Title X providers cannot use emergency contraceptive stock purchased under 340B for non-Title X clients or those clients purchasing EC OTC (see MT TX FP Administrative Manual, Policy 2.20, *340B Drug Discount Program*).
3. Clinic providers should refer to the Montana Title X Family Planning Clinical Protocol Manual, Policy 4.3 *Emergency Contraceptive Pills*.

Method Specific Consent

1. All clients must provide informed consent for contraceptive methods.
2. Documentation of counseling and informed consent must be included in the client's medical record. This may be done through a signed method specific consent form.
3. While a method specific consent form is not required, the service site must demonstrate that all required counseling is documented in the client's medical record.
4. This documentation must confirm that the client understands the contraceptive counseling and should follow the counseling techniques outlined in the procedure section above. The FPP Nurse Consultant 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](https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf) (<https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>). To help a client initiate or switch to a new method of contraception, providers should follow these steps:
 - a. Principle 1: Establish and maintain rapport with the client.
 - b. Principle 2: Assess the client's needs and personalize discussions accordingly.
 - c. Principle 3: Work with the client interactively to establish a plan.
 - j. Principle 4: Provide information that can be understood and retained by the client.
 - k. Principle 5: Confirm client understanding.
5. Provide counseling for returning clients.
 - a. Strategies:
 - i. Ask if the client has any concerns, side effects, or 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 Title X Family Planning Clinical Protocol Manual, Policy 15.17 *Social Service Referral Guidelines*, and Policy 15.18 *Medical Service Referral Guidelines*).
- vi. Counsel regarding the client's responsibility in complying with the referral and document the counseling.