

## **1.0**

# **FAMILY PLANNING PROGRAM: GENERAL GUIDELINES**

## 1.0 FAMILY PLANNING PROGRAM: GENERAL PROTOCOLS

### INTRODUCTION

In 1970, Congress passed the Family Planning Services and Population Research Act. This act provided for the establishment and operation of family planning projects. The primary mission of family planning projects was, and still remains, to provide people the information and the means to make personal choices in selecting the number and spacing of their children. Title X of the Public Health Service Act prohibits the use of Title X funds to provide abortion as a form of birth control.

Services are provided on a voluntary basis and will not be made a prerequisite to eligibility for, or receipt of, any other services or programs. Family Planning services must be provided in non-coercive manner; there is a penalty of prosecution for coercing users into any particular method of family planning.

These protocols are to provide guidance in the care of clients presenting for Title X Family Planning services. They outline the required components of the family planning visit.

### SERVICE POPULATION

Uninsured or underinsured reproductive-age women and men who present for Title X reproductive health services in order to plan the size of their families and birth spacing of their children.

### METHODOLOGY

#### 1.1 CLINIC FACILITIES:

The family planning clinic must have a sign posted identifying the days and times family planning services are provided. It should include hours of operation and an emergency telephone number for after-hours care.

The office telephone answering machine should have instructions for clients in case of emergency, directing them where to obtain emergency care.

The family planning clinics should provide for comfort, privacy and safety of patients and should facilitate the work of the staff. The minimum standards include the following:

- A. A comfortable waiting room with an area for patient reception, registration and record processing. Shelves or tables for patient information brochures are to be kept stocked.
- B. At least one completely enclosed examination room, in which is provided a sink, an examining table, a chair or stool for the examiner, a good source of light, a table for instruments and a writing surface.
- C. A dressing area where privacy for the patient is assured, either in or adjacent to the examination room. Patients should not be seated in a public area in a dressing gown awaiting examination. The changing room should have hangers or hooks for clothing and a shelf for underwear and miscellaneous small items.
- D. An interviewing area where interviews and counseling may be done. Privacy and confidentiality must be assured. This is extremely important given the very personal nature of the subjects being discussed. Staff must be ever-vigilant to assure that confidentiality is not compromised.
- E. Adequate toilet facilities near the examination room.
- F. A conference room for patient and staff education.
- G. A laboratory area in which the required tests can be done.

- H. Emergency procedures must be in place and posted (to include examination rooms) for incidents occurring in the health office during office hours. See Appendix J for sample emergency plans. Clinic must maintain emergency cart that has supplies that are current dated, required for emergency response according to established standing orders. It should include a copy of the current standing orders. A copy of the Disaster Response Plan must be present in the office that is coordinated through the Region. All staff should be aware of emergency plans and know their location within the office.
- I. Procedures for medical emergencies including vasovagal reaction, anaphylaxis, syncope, cardiac arrest, shock, hemorrhage, and respiratory difficulties must be in place (See Appendix A). Emergency equipment must be available and accessible to all staff at all times at each clinic site. Annual practice medical emergency drills must be documented and this documentation must be kept in the clinic. For after-hours emergencies see Section 1.9.
- J. There will be no smoking in clinic areas or waiting rooms.
- K. A chaperone must be provided if client or provider would like one.
- L. All efforts must be made for clinics to be readily accessible to handicapped or disabled clients seeking family planning services.

## **1.2 LIMITED ENGLISH PROFICIENCY**

A bilingual staff employee may provide translation services. The preference, however, will be for the provider to work in the client's language when possible.

Written translation may be provided when necessary to serve patients/clients with limited proficiency. Staff should ensure that services are provided to patients/clients in a manner that is appropriately related to the patient's/client's cultural background, beliefs, and understanding.

## **1.3 CONFIDENTIALITY**

All client services and records will be kept confidential and will be released only as permitted or required by law. Limitations to confidentiality include cases of abuse or neglect of minors or medical emergencies such as risk for suicide or hurting someone else. In such cases a report to a legal authority must be filed, as required by law.

## **1.4 COUNSELING**

**Method Counseling:** The primary purpose of counseling in the family planning setting is to help clients resolve uncertainty, ambivalence, and anxiety in relation to reproductive health and to enhance their capacity to arrive at decisions that reflect their considered self-interest. The counseling process involves mutual sharing of information. Persons who provide counseling should be knowledgeable, objective, nonjudgmental, sensitive to the rights and differences of clients as individuals, culturally aware and able to create an environment in which the client feels comfortable discussing personal information. The counselor's knowledge should be sufficient to provide ample information regarding the risks, benefits, safety, effectiveness, potential side effects, complications, contraindications, effective use of any method, discontinuation issues and danger signs of the various contraceptive methods. Additionally, the counselor should be knowledgeable about procedures, treatments, or options being considered by the client. Documentation of counseling must be included in the client's record.

Post-examination counseling **must** be provided. The purpose of such counseling is to assess whether the client knows the results of the physical examination and laboratory studies that may have a bearing on the choice of method(s); knows how to use and is comfortable with the contraceptive method selected and prescribed; knows the common side effects and possible complications of the method selected and what to do in case they occur; knows how to discontinue the method selected and information regarding back-up method use, including the use of certain oral contraceptives as post-coital emergency contraception, knows the planned return schedule; knows an emergency 24-hour telephone number and a location where emergency services can be obtained; and has received appropriate referral for additional services as needed.

**Informed Consent:** Written informed consent, specific to the contraceptive method, must be signed before a prescription contraceptive method is provided. Consent forms must be written in a language understood by the client or translated and witnessed by an interpreter. Consent forms must be updated annually and if there is a change in the clients chosen method. In addition, federal law requires that a general consent for services must be signed by the patient prior to receiving Title X services.

Informed consent means voluntary, knowing consent from the individual to whom any contraception or sterilization is to be provided after she/he has been given:

1. An explanation of the procedures to be followed.
2. A description of the expected discomforts and risks.
3. A description of the benefits to be expected.
4. An explanation concerning appropriate alternative methods of family planning.
5. An offer to answer any questions.
6. An instruction that the individual is free to withhold or withdraw her/his consent at any time without prejudicing her/his future care and without loss of other program benefits to which the patient might otherwise be entitled.

Family planning staff can remember the components of informed consent by the following:

The Braided Model

Benefits of the method

Risks of the method

Alternatives to the method

Inquiries about the method are okay and encouraged

Decision to withdraw from using the method is okay

Explanation of the procedure, what to expect, what to do

Documentation of the above

This format is used on the official method-specific consent forms used for the Family Planning Program. Before a patient may be given a method of contraception, all the information contained on the form for the chosen method must be discussed with the patient and the form must be signed. The signed portion is filed in the patient's medical record under the "Consents/Waivers" tab. The informational portion is given to the patient.

It is prudent to verify the client's capacity to understand the nature and consequences of the method/treatment to which they are consenting. It is the responsibility of the nurse/clinician to make a good judgment through reasonable inquiry of the patient, i.e., does the client understand why they are here, and what they expect to receive from the clinic? Ascertain if further assessment is needed.

Evaluate if the client comprehends method/treatment through demonstration or verbalization. If nurse/clinician has reasonable doubt regarding a client's mental capacity, consultation with another qualified medical staff member is indicated, and should be documented.

- If the staff suspects limited mental capacity, the client should be asked if they have a legal guardian for medical decisions or if there is someone else responsible for their major decisions. If they deny having a guardian, they must be treated using the above guidelines.
- If the client has a legal guardian with current documentation of medical guardianship by court order, the guardian must give consent for services.
- If translation is needed for informed consent because the client cannot read English or Spanish, the translator should sign the consent form as well, certifying they have translated correctly.

**SAMPLE INTERPETERS STATEMENT:**

"I have translated the information and advice presented orally to the individual (Name) by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation."

- The nurse should be present during the translation, and is responsible for answering questions, or clarifying information through the translator.
- Patients provided with STI exam/ treatment, pregnancy diagnosis, and prenatal care should be offered appropriate contraceptive information.

**Sexually Transmitted Infection (STI) and HIV Counseling:** All clients must receive thorough and accurate counseling on STIs and HIV. STI/HIV counseling refers to an individualized dialogue with a client in which there is a discussion of personal risks for STIs/HIV, and the steps to be taken by the individual to reduce risk, if necessary. Persons found to have behaviors which currently put them at risk for STI/HIV must be given advice regarding risk reduction and must be advised whether clinical evaluation is indicated.

**B. Effective Counseling Principles**

General: In an effective counseling session, the counselor should:

Assess through active listening the individual's attitude toward a situation or problem. Help to clarify individual's thoughts and feelings. Personalize the session to focus on the individual's needs.

Establish Rapport - One of the most important aspects of the counseling session is establishing rapport between the counselor and the individual. This can be accomplished through a proper introduction and explanation of the counselor's role and the purpose of the visit. The counselor should show genuine concern for the individual and honestly demonstrate confidence and trust, encouraging the individual to freely express her own attitudes and feelings.

Respect Privacy - To help the individual feel more comfortable in discussing her/his situation, a counseling session should be conducted in a quiet, private area with limited or no distractions.

This will also allow the individual to understand that her/his privacy is protected and the information discussed treated with confidentiality.

Use open-ended questions - The use of appropriate open-ended questions and good listening techniques are essential components of the counseling process. Open-ended questions will facilitate two-way communication, provide the counselor with additional information about the individual's knowledge of the subject, and provide an opportunity for positive reinforcement of constructive ideas the individual expresses.

Open-ended questions are loosely structured, and are designed to let the client talk freely. They usually start with "How," "What", or "Who." Examples of open-ended questions are, "What do you know about how the pill works?" "Could you tell me more about.....," and "How do you feel about what has happened?" Questions must be clear, simple, and free of judgment or jargon.

Listen Actively - The counselor should listen closely to the individual and should encourage him/her to talk freely and ask questions. The counselor should try to understand not only what the individual is saying but also to interpret what the individual is feeling. This can be done by paraphrasing and "reporting back" to the individual the main points that he or she said. This technique allows the individual to hear what he/she has said and to correct any misunderstanding that the counselor has had. In addition, a paraphrase may often bring up new thoughts and feelings. Common examples of paraphrase statements include: "Let me see if I've got it right." Another example is:

"I think I hear you saying....."

or

"So, in other words....."

A paraphrase may be ended by asking, "Is that right?"

Convey Understanding - To further convey understanding, reflective statements can be used such as, "You seem to have had a great deal of difficulty with contraception," or "Sounds like you're very angry." Reflective statements are an attempt to mirror the client's message and help bring to the surface underlying attitudes and values. These statements will not be defensive. If the counselor's perception is incorrect, the individual will be able to explain and clarify his or her perception. The expression, "I understand," should generally be avoided because it is perceived to be presumptuous. It is also possible that the counselor does not truly understand.

Encourage Responses - The individual will usually express any feelings more freely if rapport and confidence have been established. The counselor should avoid giving mixed signals. Facial expressions, body posture, gestures, and tone of voice all have a positive or negative impact on the individual and convey messages that support or contradict spoken words. You can encourage communication by maintaining eye contact with your client, nodding in encouragement, not interrupting until the individual is through speaking and keeping a pleasant tone of voice. These will convey the desire to communicate.

Develop a Plan of Action - Once the individual's concerns are clearly understood, the counselor's job is to help the individual make decisions and develop a specific plan of action. The role of the counselor is to provide suggestions, recommendations, and options for the individual to consider. These suggestions should be appropriate for the individual's situation and needs. Feedback and discussion of each suggestion promotes understanding and improves the chances that appropriate actions will be taken.

Know When to Refer to Seek Additional Assistance - Even with good communication and genuine concern, some clients may need a referral. Regardless of the reason, disturbing or uncomfortable feelings may emerge such as:

Ambivalence about sexuality.

Anger, helplessness, or panic about personal circumstances.

Regret about past behaviors.

Even stronger feelings may be present:

Depression.  
Suicidal thoughts.

If any of these feelings are heightened, it is important to seek assistance or refer the individual to more skilled counselors. Know when you are unable to meet the more complex needs of specific clients and make appropriate referrals so that the client can obtain help from professionals, whose expertise is in the area of counseling.

### C. CONCLUSION

The conclusion to the counseling session is a final opportunity to clarify misunderstanding, reinforce commitments, and summarize important points discussed in the session. Although the client may continue to have difficulty in making or accepting a decision, her/his choices should be clearly understood.

To summarize, you should have provided your client an opportunity for thinking through a problem and determining her/his own actions while accepting responsibility for the consequences of the decisions. The solutions and plans arising out of counseling are a product of the mutual interaction between the individual and counselor. Ultimately they must be the free and responsible choices of the individual.

## **1.5 PATIENT EDUCATION/INFORMATION**

### 1.51 EDUCATIONAL MATERIALS/SUPPLIES

Title X guidelines governing family planning services state that:

A statewide advisory committee of five to nine members, who are broadly representative, must review and approve all informational and educational (I & E) materials developed or made available by the providers prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X. (See APPENDIX C "Program Guidelines For Project Grants for Family Planning Services")

This means that the Family Planning Advisory Committee (FPAC) of the Family Planning Program must previously approve any educational materials distributed in Family Planning Clinic.

The Family Planning Program in the State Office is a resource for films and videos in addition to what is available in each local health office. Topics for which audio-visual aids are available include adolescents/children, general family planning and specific methods, women's health, men/boys, parents, violence/sexual abuse, infertility and AIDS. See Appendix D for a list of approved educational resources available from the State office.

Plastic models of the female pelvis, models of the penis, wall charts and flip charts may be utilized in client education.

Breast exam models may be available through the Region Breast & Cervical Cancer Program Nurse and can be requested as needed by the local health offices.

For teaching purposes, each clinic should have a set of each type of contraceptive offered in the clinic. Examples would be several types of pills, condoms (male and female), film, foam, patch, diaphragms, Depo-Provera, IUD, an ECP kit, and abstinence education materials. It's a good idea to keep a Natural Family Planning book and chart with this kit so you remember to mention natural methods.

A large attractive poster should be placed in a prominent position in the lobby of the Health Office listing clinic times and day or indicating that Family Planning appointments are available. A special poster, which reinforces confidentiality of family planning services for teens, should also be displayed. This poster for teens should be made available to all schools, public and private, with a teenage enrollment.

#### 1.52 FAMILY PLANNING CLASSES/INSTRUCTION

The family planning clinics shall be prepared to offer instructions on a regular basis for new patients and others desiring it. This education may be provided individually or in groups. The objective for this education/information is to prepare men and women to decide which method of birth control will best work for them; to know, in their own words, the mode of action, the important side effects, the contraindications and risks, the correct way of using their method of choice, their responsibilities as consumers and to understand the importance of recommended screening tests and other procedures involved in the family planning visit. If a class is held it is usually combined with patient registration. The education provided includes (but is not limited to):

1. Description of the family planning program and routines, including fees and sliding fee scale. See Appendix B for information on fee schedule.
2. Patient responsibilities as a consumer.
3. Anatomy and function of the male/female reproductive tracts.
4. \*\*All methods of contraception and their:
  - relative effectiveness, benefits, safety, effective use of the method
  - common side effects, risks, contraindications, discontinuation issues
  - public health risk factors such as VAST, seatbelts, immunizations, obesity
5. Facts/fallacies about contraception. The value of fertility regulation in maintaining individual and family health.
6. \*\*Basic information about sexually transmitted infections including a discussion of HIV transmission and ways of lowering one's risk.
7. Basic teaching about cancer detection. Education about knowing your body through monitoring for skin changes particularly in the genital area, and including BSE (although controversial for detection of breast cancer). TSE when appropriate. Video and patient training materials are available through the Region B&CC Program Nurse Coordinator.
8. Other topics as desired by individual/group.
9. For teens, classes may be offered. Young people of both sexes are to be especially encouraged to attend, although not mandatory for receipt of services. Classes offered in schools are highly recommended. ALL EDUCATION MUST BE DOCUMENTED IN CLIENT RECORD.

\*\*This is a federal requirement that will be audited at your office Title X site visit.

#### 1.53 HIV INFECTION

Because HIV (Human Immunodeficiency Virus) infection represents a serious public and reproductive health problem, we are federally mandated to provide education to our clients about this virus, its transmission, its prevention and HIV antibody testing and must be documented in client medical record.

Education regarding the prevention of HIV/AIDS should incorporate the “ABC” message. That is, for adolescents and unmarried individuals, the message is “A” for abstinence; for married or individuals in committed relationships, the message is “B” for being faithful; and, for individuals who engage in behavior that puts them at risk for HIV, the message is “C” for condom use.

All clients should receive basic information about the mechanism of HIV transmission. This should include an explanation that:

1. Sexual intercourse, both heterosexual and homosexual, can transmit this virus.
2. HIV can be transmitted through the practice of sharing needles (i.e. injection drug use) or through sexual intercourse with an infected drug user.
3. HIV can be transmitted during pregnancy, delivery and through breastfeeding.
4. HIV is not transmitted by casual contact or by donating blood.
5. Heterosexual women are the fastest growing population of newly diagnosed cases of HIV infection.

All clients should be educated about preventing the sexual transmission of HIV. Clients should be encouraged to discuss prevention with all potential sexual partners. This discussion should include an assessment of current and past HIV infection risk behaviors. However, because this virus is spread bidirectionally (i.e. from men to women and from women to men), because the interval between infection and disease presentations usually measures in years, and because many individuals are unaware of their HIV serostatus, it is imperative that couples take precautions which are considered to be effective in reducing the transmission of HIV.

Condom use should be strongly encouraged as a preventive measure, even if other forms of contraception are already being practiced. This will require an explanation of the proper use of condoms and a warning that condoms are not 100% effective in preventing the transmission of HIV. Clients should be cautioned that HIV infection is similar to other STIs, in that the risk of infection increases as the number of sexual partners increases.

However, it should be stressed that sex with multiple partners is not an absolute prerequisite for HIV infection. Clients should also be counseled not to use injection drugs. If clients are injecting drugs, they should be warned not to share needles, and urged to enroll in the NMDOH Syringe Exchange Program. Clients who are currently misusing drugs should be given information about local/regional drug abuse treatment programs.

Please refer to the NMDOH HIV Protocol for screening and testing guidelines.

**BECAUSE HIV/AIDS IS SUCH A RAPIDLY CHANGING SUBJECT, IT IS THE RESPONSIBILITY OF STAFF TO KEEP UP TO DATE WITH CDC RECOMMENDATIONS.**

## 1.6 CLINIC SERVICES

In the case of limited resources, clinic services are to be scheduled prioritizing women who will experience high medical risk if pregnant, particularly:

1. adolescent women,
2. women whose income is at or below 250% poverty,
3. women with a history of pregnancy difficulties,
4. women with pregnancies spaced less than 3 years apart; and
5. women over the age of 35.

This means that the following information is needed in order to properly schedule an appointment:

1. Age
2. As part of the preliminary consultation, the client should be advised that there is a sliding scale charge for the services to be rendered which is based on gross family income and family size and that payment at the time of services is expected. You can explain that the fee is necessary in order to continue operations and to expand the program. **Ask the client to bring a proof of income.** Although a family planning client's income is used to determine the amount to be charged for services, **proof of income is not required.** Offices may **request** proof of income, but they may not require it. Thus, if a client has no proof of income, but provides a self-declaration of income, the office should accept the self-declaration and charge the client based upon what he or she has declared. This must be documented in the client financial record. Do not assess the client at 100% of the charge if they do not have proof of income, as this may present a barrier to the receipt of services. Explain to the caller that your office will work with them if they do not have money at the time of their appointment. We do not want to deny services to anyone, especially if concern about money is their reason for not wanting to make an appointment or keeping an appointment.

**If a minor (age 19 included, but not age 20) is unemancipated and confidentiality of services is not a concern, the family's income must be considered in determining the charge for services.**

Adolescents (including age 19) attending clinic and who want confidential services, will be considered as a separate economic unit and have only their own income assessed. Inform the caller that they can be assessed on their own income and not their parent's income.

*(This is meant to reduce any barrier to service for the adolescent concerning family planning services).*

3. Proof of rubella immunization or immunity

If the person qualifies for a priority appointment, she should be seen within two weeks of the request. "Services" means at least the provision of patient education, information, history recording and provision of spermicide and condoms at the minimum. Clinics that cannot meet these criteria need to present their problem in writing to the Family Planning Program Manager. **Any client not able to be seen in clinic within 2 weeks should be made aware of other providers in the area.** Clients should be counseled regarding temporary abstinence, or use of spermicide and condoms while awaiting their clinic appointment. These clients may also be considered for QUICK START supply of oral contraceptives or Depo-Provera. (See Sect. 2)

Policy relating to appointments is general. Each local office sets time allotments in accordance with such factors as available staff, patient needs, available time and clinic space. Time needed to accomplish each type of visit will depend on services provided, with the initial visit requiring more time than subsequent visits.

Failed appointments (no show) should be noted on the Narrative Notes in the patient's chart and appropriate follow up should be initiated if the reason for the appointment was related to a high risk condition.

## 1.61 PREGNANCY TEST VISIT

### A. Introduction

Early pregnancy diagnosis is an essential part of every family planning program. Screening very early in pregnancy can avert serious complications and provide the pregnant woman with an opportunity to learn about precautions needed during pregnancy and prenatal care resources, or about options for abortion care. Nondirective, nonjudgmental, supportive counseling and information, including accurate and specific referral options for abortion, adoption services, and prenatal care, are essential services.

Clinical evaluation for a woman who may be pregnant should include a review of pertinent history and symptoms, a laboratory test to determine human chorionic gonadotropin (HCG), and a pelvic exam. In most, though not all, cases, the last menstrual date provides an accurate estimate of gestational age.

Pregnancy diagnosis has several goals:

1. Determine whether or not the woman is pregnant
2. Identify possible problems that require further evaluation (See early pregnancy danger signs below)
3. Help the patient make and implement her own plans for prenatal care or abortion.
4. Assess for presumptive eligibility
5. Refer for prenatal care/abortion/adoption/family planning or other services.

Pregnancy testing is available in Public Health local offices to all women, and provides opportunity for significant health education and counseling as well as the testing itself.

### B. Interview

1. The Pregnancy Test Form is to be filled out by the client, and the information used in counseling.

2. History and symptoms: The most common sign that prompts a woman to seek pregnancy evaluation is an overdue menstrual period. Often the woman herself suspects pregnancy or has reason to believe that she could be pregnant. A particularly useful question to ask is simply: "Do you think you are pregnant now?" An unusually light or mistimed period may mean fertilization actually occurred before the last menstrual period (LMP), and for this reason, the date of the previous menstrual period (PMP) should be determined.

- \* Breast tenderness and nipple sensitivity typically begin 1-2 weeks after fertilization.
- \* Fatigue, nausea and urinary frequency begin at about 2 weeks.
- \* Bleeding, spotting, or lower abdominal pain may signal ectopic gestation or threatened spontaneous abortion.

#### 3. EARLY PREGNANCY DANGER SIGNS: NEEDS IMMEDIATE EVALUATION BY CLINICIAN, EITHER PUBLIC HEALTH OR PRIVATE OR EMERGENCY ROOM:

- \* Sudden intense pain, persistent pain, or cramping in the lower abdomen, usually localized to one side or the other.
- \* Irregular bleeding or spotting, with abdominal pain, when period is late or after an abnormally light period.
- \* Fainting or dizziness persisting more than a few seconds. These may be signs of internal bleeding. Internal bleeding is not necessarily associated with vaginal bleeding.
- \* The last period was late and bleeding is now heavy, possibly with clots or clumps of tissue, cramping more severe than usual
- \* Period is prolonged and heavy --5-7 days of bleeding equivalent to "heaviest" days
- \* Abdominal pain or fever

### C. Laboratory

Pregnancy test for urine HCG, supplied by the PHD pharmacy, is to be done per the manufacturer's instructions and the "Public Health Division Laboratory Standard Operating Procedures Manual".

### D. Education

Counsel the client (See Counseling section below). Part of counseling for all clients is the "Pre-Pregnancy Health Precautions " (Section 1). Xerox copies to hand out to and discuss with all pregnancy testing clients.

#### COUNSELING IF THE TEST IS NEGATIVE:

1. Review dates and symptoms. Counsel the client regarding the basics of the female reproductive cycle and the signs and symptoms of pregnancy.
2. If client is absolutely sure she is pregnant:  
If she wants to be pregnant and it is too early for test, have her return in a couple of weeks.  
If she does not want to be pregnant, discuss birth control choices (Is it early enough for ECP?), make appropriate referrals for family planning and give supplies of foam or film and condoms. Some clients want a referral at this time to a clinic or physician that will do abortions or menstrual extractions. Make these referrals.
3. Discuss other possible reasons for her symptoms such as medications like oral contraceptives, use of Depo Provera or stresses like illness or surgery.
4. If client has been attempting to get pregnant for one or more years, she may need referral for infertility work-up.
5. If this client plans to get pregnant, dispense daily prenatal vitamins (which include folic acid) and counsel client to avoid tobacco, alcohol, and drugs.  
If she is not pregnant by the time she finishes the package, she needs to get more at the store. She can take the bottle in so she gets the same amount of vitamins.  
Discuss the "Pre-Pregnancy Health Precautions" (Section 1).
6. Offer an appointment for Family Planning Program if she does not desire pregnancy at this time. She may be a candidate for QUICKSTART contraceptive pills or Depo-Provera or spermicide and condoms.

#### COUNSELING IF THE TEST IS POSITIVE:

1. Review dates and symptoms and calculate pregnancy EDC.
2. A pelvic exam and auscultation of fetal heart tones may be offered for estimation of dates, if available and appropriate. **A physical exam for pregnant women is important and if not available on site should be arranged for, desirably within 2 weeks.**
3. Discuss options in a non-directive manner: carrying pregnancy to term or terminating pregnancy.
4. After mentioning each choice, if client is sure of choice, then focus on that choice.
5. Give the woman a bottle of prenatal vitamins (which include folic acid) to take daily and counsel client to avoid tobacco, alcohol, and drugs.
6. **Document in the client record that all pregnancy options counseling was done.**

#### *CARRYING PREGNANCY TO TERM:*

1. Client needs to get prenatal care as soon as possible. Review way to get prenatal care.
2. If she will qualify and wants Presumptive Eligibility, start that process.
3. If she has insurance, and she is to set up with their group, encourage her to call today for an appointment.
4. Discuss "Pre-Pregnancy Health Precautions ". If there are any potential problems, tell the client to discuss them with her caregiver.

*ABORTION:*

1. If you do not feel comfortable discussing this option, get someone else to counsel the client. Discuss arrangements for this with your supervisor in advance.
2. Give client a list of agencies helping with this service and discuss any questions she may have.
3. Do Presumptive Eligibility if she qualifies, so that if there are any pregnancy-related problems she will be covered.
4. Discuss what she will choose for birth control and where she will get it.
5. Do referrals for support agencies like rape crisis, mental health counseling, etc. as needed.
6. Discuss the "Pre-Pregnancy Health Precautions", so that she is in the best possible shape for the procedure or the pregnancy if she changes her mind.

E. Document all services provided on the clinical encounter form as instructed in Appendix B, Fee Collection Protocol, "Explanation of Family Planning Visits". Include pregnancy intendedness information if today's pregnancy test is positive.

## Instructions for Clients for an Optimal Pregnancy

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1. Review the medical and family history risk factors for both you and the baby's father
2. Plan ahead if you have a serious medical condition
3. Take a vitamin (prenatal) beginning several months before pregnancy that contains at least 0.4 mg (400 micrograms-mcg) of folic acid (folate) every day to reduce the risk for neural tube defects such as spina bifida
4. Avoid exposure to potentially toxic agents including:
  - Alcohol, smoking, excessive caffeine, illicit drugs,
  - X-ray of the abdominal area, or other area without shield
  - And all potential toxic chemicals
5. Don't take any prescribed or non-prescribed medications until you have discussed this with your clinician. This includes herbal and other remedies. Avoid mega-dose anything, including vitamins.
6. Make a healthy diet a top priority
7. Aim for fitness, but with moderation
8. Avoid exposure to sexually transmitted infection (STI)
9. Avoid elevated body temperature or fever like hot tubs, saunas, prolonged physical exertion that increases core body temperature.
10. Don't clean cat's litter boxes.
11. Have a pregnancy test and see your clinician as soon as possible
12. Watch for the danger signs of possible pregnancy complication as listed below

If you experience any of these danger signs, call a health provider immediately. This may be the Public Health office during business hours; however, if the problem occurs at night or on the weekend, call your physician, midwife, labor and delivery unit or emergency room.

- Pronounced swelling in face or hands
- Blurring of vision or spots before the eyes
- Any bleeding from the vagina
- Severe or constant headaches
- Severe or continuous vomiting
- Fever/chills
- Burning or pain when urinating
- Sharp, rhythmic or constant pain in abdomen or back
- Fluid coming from vagina

\* Excerpted from Contraceptive Technology

## Precauciones de Salud Antes del Embarazo

1. Revisar los factores de riesgo de la historia medica y familiar de usted y el papa del bebe.
2. Planear por adelantado si tiene condiciones medicas serias.
3. Tomar una vitamina (prenatal) comensando unos meses antes del embarazo, que contenga tansiquiera 0.4 mg (400micrograms-mcg) de acido folico (folate) cada dia para reducir el riesgo para defectos del tubo neural tal com spina bifida.
4. Evitar exponerse a agentes potencialmente toxicos incluyendo: Alcohol, cigarro y exceso de cafeina, drogas ilegal, Rayos X en el area abdominal y cualquier otra areas sin proteccion, y todas sustancias quimicas potenciales
5. No tomar ningun medicamento por receta o sin receta hasta que hable con su midico/a. Esto incluye hierbas y remedies. Evite de tomar de vitaminas (o de cualquier otra cosa) en exceso de dosis
6. Hacer de una dieta saludable su prioridad.
7. Tratar de estar en buenas condiciones fisicas, pero con moderacion.
8. No riesge exposicion a infecciones trasmitidas sexualmente.
9. Evitar que se eleve la temperatura del cuerpo, como banos calientes o saunas, extender ejercicio fisico que puede elevar el temperatura del cuerpo
10. Evitar el contacto con material fecal de gato.
11. Tener una prueba de embarazo y ver a su proveedor medico lo mas pronto posible.
12. Cuidar signos de peligro de las posibles complicaciones del embarazo como lestas abajo.

Si usted experimenta cualquiera de estas senales de peligro, llame a su proveedor de salud inmediatamente. Esta puede ser la Oficina de Salud Publica durante las horas habiles sin embargo si el problema ocurre en la noche or en fin de semana necesita llamar a su medico, partera, la unidad de maternidad del hospital o emergencias.

\*Sacado del libro de tecnologia Contraceptiva

### Senales de Peligro en el Embarazo

- Pronunciado hinchándose de manos y pies.
- Vision borrosa o ver manchas adelante de sus ojos.
- Cualquier sangrado de la vagina.
- Dolores de cabeza constantes o severos.
- Vomitos severos o continuos
- Fiebre o excalofrios.
- Dolor o sensacion quemante al orinar.
- Dolor agudo, ritmico o constante en el abdomen o en la espalda.
- Liquido o agua saliendo de la vagina.

## PREGNANT?

If you are pregnant and a resident of the State of New Mexico you may qualify for medical insurance for your pregnancy through Medicaid- many New Mexican women do!!!

You don't have to be single!

You don't have to be unemployed!

You don't have to be on welfare!

There are some income requirements that you have to meet and you may be one of many New Mexican women who do!!!

It is very important for you and your baby to start prenatal care as soon as possible after you get pregnant. If you don't have medical insurance, or your medical insurance pays only some of the cost, you may be eligible for Medicaid. Medicaid is the State of New Mexico's health insurance for pregnant women and children.

How can you get Medicaid if you are pregnant?

1. Fill out a presumptive eligibility form at a public health office. If you qualify, the presumptive eligibility form will allow you to see a health care provider immediately and for the rest of the month and the following month. But this is only a temporary insurance coverage.

2. Make an appointment with any health care provider who sees Medicaid patients. Starting prenatal care right away is very important for you and your baby!

3. Make an appointment with the Income Support Division of the Human Services Department nearest you to apply for Medicaid coverage for the rest of your pregnancy. When you call to make an appointment, be sure to ask them what all the documentation is that you will need with your application.

In each New Mexico county there are resources available to assist pregnant women with their Medicaid application.

Do you want birth control after you have your baby?

If you qualify for Medicaid health insurance during the pregnancy, you will continue to be covered for birth control services for six weeks after you deliver the baby.

Do you want Medicaid health insurance for your children?

If you qualify for Medicaid during your pregnancy, chances are that your children also qualify for Medicaid. Apply for coverage for them at the local public health office or the Income Support Division office.

## 1.62 NEW PATIENT - INITIAL VISIT

All Title X clients must provide their voluntary and informed consent on the general "Consent for Services" form prior to being interviewed or receiving any clinical services. In addition, all adolescents must be counseled and sign the Parental/Family Involvement form prior to being interviewed or receiving any clinical services.

### A. Interview-

A history (medical, family, reproductive, social and sexual) is taken, reviewed and signed by clinical personnel. FOR PATIENTS WHO REQUEST NO CONTACT AT HOME, OBTAIN AN ALTERNATIVE ADDRESS or TELEPHONE NUMBER. This is especially critical with teens. Make appropriate entries on Problem List.

### B. Education

Education shall be offered as outlined in **Section 1.52 Family Planning Classes/Instruction**. Some new patients are already adequately informed and need not attend a class. The nurse needs to assess the patient's needs for education and information at the time the patient presents a request for services.

Pre-examination counseling is done appropriate to the individual patient's needs and shall include:

- an evaluation of the patient's method of choice and any contraindications which become apparent to the interviewer
- suggestions of alternative methods of birth control when appropriate
- preparation, if necessary, for clinical exam
- discussion of HIV/STI risk reduction
- discussion of "Parental/Family Involvement in Services to Minor Age Patients"

Determine a woman's immune status to rubella and document that status. Documentation can be either a personal immunization record or a serological report.

For clients who have had a baby in the United States and cannot produce an immunization record, the nurse or clinician should

- a. call the prenatal provider and ask for a telephone report of rubella immunity or
- b. Ask client to obtain a copy of rubella serology results.

For clients who have had a baby outside of the United States and cannot produce an immunization record or clients who have never had a baby,

- a. Explain risks of rubella non-immunity with regard to future pregnancy  
Congenital Rubella Syndrome (CRS): Rubella in early gestation can lead to intrauterine death, spontaneous abortion, and congenital defects; up to 85% of infants infected in the first trimester of pregnancy are found to be affected. Congenital infection can affect all organ systems, resulting in deafness, cataracts, microphthalmia, congenital glaucoma, microcephaly, mental retardation, patent ductus arteriosus, atrial or ventricular septal defects, purpura, hepatosplenomegaly, jaundice and radiolucent bone disease.
- b. Recommend immunization with MMR. Clients should be strongly counseled that pregnancy should be avoided for 1 month after MMR vaccine and should be provided an interim contraceptive method if necessary. For additional information regarding MMR vaccine refer to Immunization Program Protocol. [Reference: Centers for Disease Control & Prevention. Notice to Readers: Revised ACIP Recommendation for Avoiding Pregnancy After Receiving a Rubella-Containing Vaccine. *MMWR* 50 (No. 49); 1117, 2001.]
- c. Offer rubella serology.

Parental consent is required for immunization of a minor with exception of Hepatitis B vaccine. Family planning services should not be withheld for lack of immunization.

Lack of documented immunity should be noted on Problem List.

### C. Laboratory

Exam shall be completed as outlined in the **Client Physical Exam** form. The laboratory screening **may** include:

- hemoglobin if indicated for Paragard IUD use, history to suspect anemia such as problem nutritional status, high or low BMI, history of heavy menses, history of anemia, post-partum within 6 weeks
- urinalysis
- cervical Pap smear
- chlamydia test
- gonorrhea test
- serological test for syphilis
- urine pregnancy test
- vaginal smear and wet mount
- blood glucose screen
- gram stain of secretions (cervical for women, urethral for men)
- rubella, HIV, Hepatitis B

Other physical or laboratory assessments needed are done by referral to private laboratory and/or physician and must be paid for by the client.

### D. Exam for male and female clients:

Clients should be asked if they would like a chaperone in the exam room during their exam. If either the practitioner or the patient desires a chaperone, one will be provided as available.

## MALE EXAMS

Nationally there is a move to include men in reproductive services. New Mexico's Family Planning Program has always been a leader in this movement. We encourage all clinics to consider offering male exams as one of their clinical services. A few guidelines are included here. All our sites should already be offering men all methods counseling, HIV education, along with spermicide (including film), condoms, and education. Couples' family planning counseling and education should be encouraged for all clients. More specifically, providers should:

1. Emphasize pregnancy prevention, effectiveness rates of condoms when used correctly alone and in conjunction with spermicide;
2. Make condoms and spermicide available to male patients based on patient use pattern and interview data;
3. Include **appropriate** handouts **such as**, "Birth Control: 10 Things A Man Can Do"
4. Make informational pamphlets and booklets about all contraceptive methods accessible in interview and reception rooms;
5. Make information and/or referrals available for fertility awareness and permanent contraception;

6. Encourage men to accompany partner to visits for support and joint counseling/education; and
7. Inform and refer men to appropriate clinics or programs that conduct routine screening, immunizations and annual exams for men.
8. If offering Family Planning exams for men at your site:
  - A. Screening for STDs – chlamydia and gonorrhea testing by urine and/or urethral smears, serology for syphilis, HIV testing, limited exam, etc.
  - B. Initial and annual visit must include: health history to include family, medical, reproductive, urologic conditions, contraceptive, and sexual history including HBV, as well as current concerns and medications, height and weight, blood pressure, examination of the thyroid, heart, lungs, breasts, abdomen, extremities, genitals and rectum (if indicated). Examination may also include palpation of the prostate, as appropriate.
  - C. Instructions in testicular self-exam (offer pamphlet if available)
  - D. Adult health screening should stress the importance of blood pressure screening, glucose testing and colo-rectal cancer screening in men 50 and over. The recommended screening options for colo-rectal cancer by the USPS Task Force in 2005 are annual home fecal occult blood testing (FOBT), flexible sigmoidoscopy (every 5 years), combination of home FOBT plus flexible sigmoidoscopy, double contrast barium enema (every 5 years), and colonoscopy (every 10 years). The choice of specific screening strategy should be based on patient preferences, medical contraindications, patient adherence, and available resources for testing and follow-up. All of these options should be available through referral.

The history should be taken on the Client Health History form (NM PHD 1800). The physical exam is documented on the Client Physical Exam form (NM PHD 1000), noting "NA" in the blanks reserved for female genitalia.

Male exams, supplies, and other men's services are charged in the same manner as services for women. Follow the fee collection guidelines.

#### **FEMALE EXAM:**

Female family planning clients must have a general physical examination at the initial medical visit and annually thereafter. The examinations must include at least the following:

Height; weight; blood pressure; thyroid; heart; lungs; extremities; breasts, including instruction in self-exam; abdomen; pelvic examination, including visualization of the cervix and bimanual exam; and rectal exam, as indicated. Other systems may be examined as indicated by patient history or desired method of contraception. Instruction for the Breast Self-Exam is offered before or after the physical exam by the PHN or during the exam by the clinician.

Physical examination and related prevention services should not be deferred beyond 3 months after the initial visit, and in no case may be deferred beyond 6 months, unless in the clinician's judgment, there is a compelling reason for extending the deferral. All deferrals, including the reason(s) for deferral, must be documented in the client record. See Section 2 and QUICK START Protocol.

Adult health screening should stress the importance of blood pressure screening, glucose testing and colo-rectal cancer screening in women 50 and over. The recommended screening options for colo-rectal cancer by the USPS Task Force in 2005 are annual home fecal occult blood testing (FOBT), flexible sigmoidoscopy (every 5 years), combination of home FOBT plus flexible sigmoidoscopy, double contrast barium enema (every 5 years), and colonoscopy (every 10 years). The choice of specific screening strategy should be based on patient preferences, medical contraindications, patient adherence, and available resources for testing and follow-up. All of these options should be available through referral.

All methods can be prescribed for a period of up to one year (12 months), except for some initial pill users, and are to be re-evaluated and renewed at the annual visit.

Prescriptions may be written for those methods, which are included in the clinic supply, **for example for Medicaid clients, in order to maximize Title X supplies.** These clients, if they are using oral contraceptives, are to follow the regular revisit schedule.

#### E. The Post Examination Session -

The post examination interview (exit interview) should be conducted by the PHN who interviewed the patient on intake. Every effort is to be made to implement this arrangement as it improves continuity of care and saves time and repetition.

The following shall be covered:

Answer any questions about the contraceptive method or any part of the procedure.

Provide oral and written directions for the chosen method.

Provide oral and written documentation as to the type and/or size of method chosen.

Provide oral and written information as to potential side effects and complications of the method used, and how the patient should react if they occur.

Give a schedule showing when services are available and the phone number. Give information about the availability of emergency services. (See samples at end of chapter).

Give pregnancy referrals, when appropriate.

Establish (and stress importance of) return visit schedule.

Make appropriate referrals for any needed services not provided. (Such referrals should be followed up).

Counsel patients regarding HIV/AIDS: high-risk behavior, HIV testing and safer sex practices.

Counsel patients planning a pregnancy in view of risks associated with:

tobacco	high-risk sexual behavior	HIV/AIDS
drugs	IUD	poor nutrition
alcohol	x-ray	insufficient intake of folic acid

For those methods, which require it, an informed consent is to be signed and witnessed prior to the time the method is prescribed or provided. See individual consent forms in Section 3.

Dispense supplies per clinician's orders and protocol.

Document all services provided in client record.

Document all services provided on the clinical encounter form.

#### 1.63 ESTABLISHED PATIENT - ANNUAL VISIT

**All Title X clients must provide their voluntary and informed consent on the general "Consent for Services" form prior to being interviewed or receiving any clinical services. In addition, all adolescents must be counseled and sign the Parental/Family Involvement form prior to being interviewed or receiving any clinical services.**

A. Interview -

A history (medical, family, reproductive, social and sexual) is taken, reviewed and signed by clinical personnel. Make appropriate entries in Problem List.

B. Education -

During the patient education session, the PHN will:

- review the methods of contraception
- identify any problems with the method
- answer questions
- offer opportunity to change method
- discuss behaviors which promote wellness
- discuss behaviors which reduce risk of STIs and HIV infection
- discuss "Parental/Family Involvement in Services to Minor Age Patients"

C. Laboratory -

Repeat the minimum annual laboratory services if indicated:

- Urinalysis
- Cervical cytology "Pap smear"
- Hemoglobin if patient has an IUD or history to support anemia such as problem nutritional status, high or low BMI, history of heavy menses, history of anemia, post-partum within 6 weeks.
- Chlamydia test
- Other tests that may be indicated see Section 4.4.

D. Exam -

A physical exam at least as comprehensive as the initial exam should be provided.

E. The Post Examination Session -

Post-exam interview should answer questions and allay fears, which may have come up during the examination.

Supplies should be issued according to the clinician's orders.

Method specific consents should be completed. If continuing a method, such as IUD a new consent form is signed with notation that this is a continuation of the method. **A new consent is signed each year.**

Document all services provided in client record.

Document all services provided on the Clinical Encounter Form.

1.64 ESTABLISHED PATIENT - REVISIT

A. Interview -

An Encounter Note is written in SOAP format. Make appropriate entries on Problem List.

B. Education -

Provide method and HIV risk reduction education at a minimum.

C. Laboratory -

As indicated.

D. Exam -

BP and/or weight if indicated.

E. The Post Examination Session -

Provide supplies per Contraceptive Methods section of this Protocol.

Provide post-sterilization counseling if appropriate.

Document all services provided in client record.

Document all services provided on the Clinical Encounter Form.

1.65 PROBLEM VISIT

A. Interview -

An Encounter Note needs to be written in SOAP format. Make appropriate entries on Problem List.

B. Education -

Patient education should be geared to the presenting problem since this will be the patient's chief concern.

C. Laboratory -

Appropriate laboratory tests should be done to evaluate the problem.

D. Exam -

If a clinician is not available, you may need to contact a practitioner or public health physician within your Region. Referral to a private physician may be necessary. Patient must understand that seeing a physician outside our system will be at his/her own expense.

E. The Post Examination Session -

Concentrate the post-exam interview on the presenting problem, referrals, medication and follow-up.

Should the problem result in a change of method, a new consent will need to be signed.

Provide supplies according to protocol.

Document all services provided in client record.

Document all services provided on the Clinical Encounter Form.

1.66 PREPREGNANCY VISIT FOR CLIENTS USING CONTRACEPTIVES

Before stopping their contraceptive method, any client contemplating pregnancy should be offered counseling to improve his or her pregnancy outcome. The following should be discussed:

General:

- A. Because of the serious consequences for pregnant HIV-infected women and their babies, HIV screening for a women who is planning to become pregnant is recommended.
- B. The need for early and continuing care during pregnancy, with referral to sources giving prenatal care.
- C. The importance of good nutrition with information about WIC services. Adequate stores of folate, or folic acid, in a woman's body BEFORE and during the FIRST 28 DAYS of pregnancy greatly reduces the risk of having a baby with neural tube (brain and spine) defects. The US Public Health Service recommends all women ages 10-44 get at least 0.4 mg of folate a day. Multi-vitamins generally contain 0.4 mg of folic acid.
- D. Caution regarding need to abstain from drugs/alcohol/tobacco during pregnancy.
- E. Assessment of potential high risk factors, including genetic factors.
- F. For women on oral contraceptives who desire pregnancy, stop taking pills. It is safe to become pregnant immediately. The pill does not decrease fertility; however, after stopping birth control pills, she may have a 1 to 2 month(s) delay before menses become regular. She may wish to use an alternative (non-hormonal) form of contraception until 2 or 3 normal menstrual periods have occurred off the pill. Careful notation of menstrual dates will help establish correct gestational age when pregnancy occurs. Prenatal vitamins may be given during this period to correct any possible nutritional deficiencies. Advise patient to return for evaluation if menstrual periods do not resume in 6 to 8 weeks after cessation of oral contraceptive use.
- G. Document all services provided on the Clinical Encounter Form.

1.67 OTHER VISITS

This category should be used for no-charge visits such as repeat of inadequate Pap smear, additional packs of pills if we originally did not have them in stock, or follow-up visits for sterilization clients, etc.

A Client Encounter Form is made out for every client, including those who are "0% pay", and for visits for which there is no charge to assure all client encounters are entered in INPHORM.

1.68 FAMILY PLANNING SERVICES IN STD CLINIC

On occasion, women seen in STD clinic may require Family Planning supplies or tests. These may include pregnancy testing, OCPs, Emergency Contraceptive Pills or a Depo-Provera injection. In these instances, utilize the "Quickstart" form and ask the client to complete an income affidavit in order to calculate the percent pay. The client is responsible for any percent pay charges for contraceptives or pregnancy tests. Document all services provided on the Clinical Encounter Form. Client should then make an appointment for completion of the Family Planning medical history and physical examination.

For males in STD clinic who receive Family Planning services, complete the STD exam form and document counseling provided to include all methods of contraception, STD/HIV prevention + "ABC" message and ask the client to complete an income affidavit in order to calculate the percent pay. The client is responsible for any percent pay charges. Document all services provided on the Clinical Encounter Form. Offer initial Family Planning visit within 3 months. Upon return client completes the medical history, physical exam, labs and immunization assessment.

Some clinics streamline this procedure by keeping the needed forms in the exam rooms. If client falls in a percent pay category and paying for these services creates a barrier to service, see Appendix B for hardship case criteria. If they refuse to provide proof of income, clerk writes, "refused", initials and dates it at the top of the income affidavit. For INPHORM data entry, enter family size 1 and income as "0".

### **1.7 THE TRANSFER PATIENT**

The patient who wishes to transfer into our clinic system from another provider (any other clinic or private physician) can be allowed to transfer reports of their most recent medical history, physical exam and laboratory tests.

We can accept these reports if:

- 1) the results are all within normal limits
- 2) they are dated within the past year
- 3) they include the same requirements listed in Section 1.41 - New Patient - Initial Visit: Interview, Medical History, Education, Laboratory, Exam and Post Exam Counseling

Patients who transfer records with incomplete data will need to have these portions completed. There is no need to repeat testing /exam if the above requirements are met.

### **1.8 REFERRAL SERVICES**

Because family planning clinic patients often have need of services that are not provided by the Local Health Office, referrals to appropriate providers are an integral part of the program. Local staff must keep a current list of local providers by service.

There must be a written referral for patients with abnormal finding on history or physical examination to an appropriate medical provider when care is not provided at the Local Health Office.

When patients are referred to other sources of care, the timing and manner of referral and follow-up depend upon the nature of the problem for which the referral was made. For example:

- Emergency referrals (e.g., possible ectopic pregnancy, malignant hypertension) should be made immediately with the provider.
- Urgent referrals (e.g. solitary breast nodule) should be followed up within two weeks with the client.
- Essential referrals (e.g., hypertension) should be followed up with the client. The timing should depend on professional judgment.
- Discretionary referrals (made at the request of the client) should be followed up with the client at the next clinic visit. Further follow-up may not be necessary but should be based on professional judgment. This type of referral may include Medicaid clients seeking sterilization or colo-rectal cancer screening for clients over age 50.

There is a legal responsibility to follow up and document the outcome of referrals. For instance, an individual referred out of the local health office should receive follow-up to ascertain that the visit was, in fact, made. Failure to provide follow-up and documentation of same could create a liability problem for the nurse and the agencies involved.

Clinics receiving Title X funds may counsel and refer clients for abortion, however the program does not pay for the abortion. Staff is required to provide non-directive "all options pregnancy counseling" which includes prenatal care and delivery, infant care, foster or adoption and abortion all as legal options.

Quality assurance systems at the local level should monitor whether agencies are providing high quality care to clients referred by family planning.

## 1.9 **EMERGENCY SERVICES**

Having been informed of the potential risks of their chosen method, clients should be informed that any outside medical treatment required for complications/emergencies is at their own expense.

Availability of emergency services: in order to provide services for emergencies which arise outside of clinic hours, each Local Health Office should have medical backup through liaison with a hospital. All patients should be given **emergency instructions** at the time of initiation of services. See sample form which follows.

Patients should be cautioned against abuse of emergency services, which should be limited to situations such as chest pain and dyspnea, intractable headache, or sudden onset of diplopia or blindness in pill users; and severe abdominal pain, fever, or severe or unexpected uterine bleeding in IUD users. Patients who have a family physician would be advised to contact him/her whenever possible.

**SAMPLE - TO BE ADAPTED TO LOCAL HEALTH OFFICE**

FAMILY PLANNING CLINIC INFORMATION  
COMPLICATION/EMERGENCY CARE  
BIRTH CONTROL PILL USERS / ORTHO EVRA USERS

You have received \_\_\_\_\_. If you have any questions regarding how to use this method or about any side effects of this method, please call the Health Office at \_\_\_\_\_.

The possibility of any serious side effects is very rare. However, if you should have any of the following problems, please contact:

\_\_\_\_\_ Local Health Office (Office hours: 8 a.m. to 5 p.m. Monday through Friday)

Hospital Emergency Room (Evening or week-ends)

Your own physician

Serious problems

1. Abdominal Pain
2. Chest Pain
3. Headaches, severe
4. Eye Problems (sudden onset of blurred or double vision or blindness)
5. Severe Leg Pain (painful or swollen leg or calf)

Please remember that any care outside the health office for problems arising from your chosen birth control method is at your own expense.

**SAMPLE - TO BE ADAPTED TO LOCAL HEALTH OFFICE**

FAMILY PLANNING CLINIC INFORMATION  
COMPLICATION/EMERGENCY CARE  
IUD USERS

PARAGARD/MIRENA

You have received \_\_\_\_\_. If you have any questions about any side effects of the IUD, please call the Health Office at \_\_\_\_\_.

The possibility of any serious side effects is very rare. However, if you should have any of the following problems, please contact:

\_\_\_\_\_ Local Health Office (Office hours: 8 a.m. to 5 p.m. Monday through Friday)

Hospital Emergency Room (Evening or week-ends)

Your own physician

Serious problems

1. Abnormal bleeding
2. Abdominal pain
3. Abnormal vaginal discharge
4. Fever and chills
5. Pain with intercourse

Please remember that any care outside the health office for problems arising from your chosen birth control method is at your own expense.

**SAMPLE - TO BE ADAPTED TO LOCAL HEALTH OFFICE**

FAMILY PLANNING CLINIC INFORMATION  
COMPLICATION/EMERGENCY CARE  
DEPO PROVERA USERS

You have received a Depo Provera injection. If you have any questions about any side effects of this shot, please call the Health Office at \_\_\_\_\_.

The possibility of any serious side effects is very rare. However, if you should have any of the following problems, please contact:

\_\_\_\_\_ Local Health Office (Office hours: 8 a.m. to 5 p.m. Monday through Friday)

Hospital Emergency Room (Evening or week-ends)

Your own physician

Serious problems or warning signs:

1. Headaches
2. Heavy bleeding
3. Depression

Please remember that any care outside the health office for problems arising from your chosen birth control method is at your own expense.