

C2.1 – MINIMUM STANDARDS OF SERVICE

Policy

The purpose of this policy is to describe Iowa HHS process for ensuring SRs provide high quality care to clients seeking FP services. Health care quality has the following attributes: safe, effective, client-centered, efficient, timely, culturally and linguistically appropriate, inclusive, trauma-informed, accessible and equitable and cost-effective (value) and are aligned with nationally recognized standards of care. FP services include, at a minimum, a broad range of contraceptive services, pregnancy testing, pregnancy options counseling, education about achieving pregnancy, basic infertility services, preconception health and STI services. Related preventive services include things that may impact reproductive health, such as breast and cervical cancer screening and screening for hypertension. Iowa HHS will ensure all medical services related to FP will be consistent with the [Center for Disease Control and Prevention Morbidity and Mortality Weekly Report - Providing Quality Family Planning \(QFP\) Services](#) and the [Title X Program Handbook](#).

Procedure

Initial Health Screening Visit

- Demographics
- Medical history including purpose of visit/chief complaint, physical exam, laboratory test orders, results, PCP and follow-up;
- Reproductive Life Plan (RLP)/ One Key Question (OKQ)
- Complete menstrual, obstetric and gynecologic history, including complications and unexpected pregnancy outcomes for females.
- Sexual health assessment and contraceptive history.
- Partner medical/risk history, if available.
- Family and social history.
- Immunizations, including Human papillomavirus (HPV).

Assessing Reasonable Certainty that a Client is Not Pregnant

One or more must be present:

- Absence of pregnancy signs and symptoms.
- ≤7 days after the start of normal menses.
- Has not had sexual intercourse since the start of last normal menses.
- Using a reliable method of contraception correctly and consistently.
- >14 days since the last unprotected sexual encounter and a negative urine pregnancy test
- ≤7 days after spontaneous or induced abortion.
- Within 4 weeks postpartum.
- Fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrhea, and <6 months postpartum.

Physical Exam – As required by contraceptive method chosen, national standards of practice and clinical protocol

Must include but is not limited to:

- Height, weight and BMI.
 - BP.
 - Pelvic and/or genital exam as indicated for method and as required by clinic protocol according to national standards of practice.
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Patient Consent

Each SR must obtain a written, informed consent from the patient to indicate voluntary acceptance of FP services. The consent must be obtained prior to providing services. All consents must appear in the client's record. If clients choose to delay or defer a service, counseling must be provided about the risks associated with such a delay and documented in the record.

Each SR must document that the client received education about contraceptive alternatives, safety, effectiveness, advantages, disadvantages, potential side effects and complications of the method. Documentation of teach back or a checkbox in the health record is acceptable as long as a policy indicates what teaching is done for each method.

Confidentiality

There must be a confidentiality statement signed by the client in the record that they were informed about confidentiality and any limitations.

Laboratory Services

If laboratory services are provided, services must be in accordance with Clinical Laboratory Improvement Amendments (CLIA) to ensure quality testing.

Periodic Health Screening Visits

An updated history including demographic data, significant illnesses, surgeries or hospitalizations and medical care incurred since most recent visit at which a medical history was obtained as well as:

- RLP as appropriate (review and update).
 - Immunization history.
 - Review of contraceptive method use, problems, barriers, satisfaction with method.
 - Sexual assessment and social histories (review and update).
 - Physical exam as indicated.
 - Plan for follow-up.
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Education should include:

- Information about a broad range of methods using a client centered approach.
 - Importance of FP to client's health.
 - Emergency Contraception.
 - Clinic procedures.
 - Referrals as medically necessary or requested by client.
 - All counseling and education must be documented in the client record.
 - Contraceptive counseling is neutral, factual and nondirective on each option. Counseling is non-coercive and
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informative, while prioritizing the holistic health needs and optimal wellbeing of the client, regardless of parenting intent, including participation of trusted adult.

- Client-centered counseling is provided that is culturally sensitive, includes

client priorities about pregnancy prevention, acceptability of methods, considers the relationship, partner comfort and function, and CDC Medical Eligibility Criteria and US Selected Practice Recommendations.

Client Education

- Universal education about relationship safety.
- For clients interested in a method of contraception including abstinence and natural FP, client should receive information about mechanism of action, effectiveness and failure rates, advantages and disadvantages, non-contraceptive benefits, STI protection, including HIV, side effects and potential complications, managing side effects, correct method use and

discontinuation, and resumption of menses when method discontinued for any method(s) for which interest is expressed. Discuss potential barriers to correct and consistent use with the client.

- Male clients should also be given information about female controlled methods as well as EC when interest is expressed.
- Reduction of risk of STI and HIV.
- *Refer to the Client Education Policy for further guidance.*

Referral and Follow-up

- Must have a planned mechanism for client follow-up.
- Referral for services beyond the scope of the agency is expected.
 - o Each SR is expected to have, by prior arrangement, clinical services providers or agencies to which the client may be referred. These may include local health and welfare departments, hospitals, voluntary organizations and health services provided by other federal programs.
- If SRs do not offer comprehensive primary health services onsite, they must have a robust referral linkage with Clinical Services Providers who are in close physical proximity to the Title X site in order to promote holistic health and provide seamless care.
- Provision of medications and/or supplies as needed. If SRs do not provide a contraceptive method on site, they will have a written policy for referring clients for that method, or providing a prescription
 - o Grantee must arrange and pay for referral of required services.

Iowa HHS will ensure each SR is in compliance by having each SR complete an annual chart review (internally or externally), monitoring policies and procedures along with the annual site visit observation.

Date Revised	September 2023
References	Title X Program Handbook - https://hhs.iowa.gov/sites/default/files/p

	<p>ortals/1/userfiles/88/title%20x%20progr m%20handbook final.pdf</p> <p>Center for Disease Control and Prevention Morbidity and Mortality Weekly Report - Providing Quality Family Planning (QFP) Services - https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf</p>
Additional Resources	