State of New Hampshire
Department of Health & Human Services
Bureau of Population Health and Community Services
Maternal & Child Health Section
Family Planning Program

Family Planning Clinical Services Guidelines
Effective July 1, 2023

<Revised November 1996, November 1997, January 2001, May 2001, October 2004, October 2007, December 2009, December 2010, February 2011, February 2012, April 2014, June 2019, May 2020, June 2021, July 2022, June 2023>

These guidelines detail the minimum required clinical services offered by Family Planning delegate agencies. They are designed to meet the Title X regulations and Program Guidelines for Project Grants for Family Planning Services, U.S. Department of Health & Human Services.

Each delegate agency must use these guidelines as minimum expectations for clinical services; this document does not preclude an agency from providing a broader scope of services. If an agency chooses to develop more comprehensive medical protocols, these guidelines will form the foundational reference. Individual guidelines may be acceptable with an evidence base. An agency may have more or less detailed guidelines as long as the acceptable national evidentiary resource is cited. Delegate sub-recipient agencies are expected to provide both contraceptive and preventative health services.

These guidelines must be signed by all staff who provide direct care and/or education to clients, including, but not limited to, MDs, APRNs, PAs, and nurses. Their signatures indicate their agreement to follow these guidelines.

Approved: ______________________________________ Date: 6/8/2023

Aurelia Moran
Sexual and Reproductive Health Program Administrator
DHHS/DPHS

Approved: ______________________________________ Date: 6/9/23

Dr. Amy Paris, MD, MS.
NH Family Planning Medical Consultant

We agree to follow these guidelines effective July 1, 2023 as minimum required clinical services for family planning.

Sub-recipient Agency Name: ______________________________________

Sub-recipient Authorizing Signature: ______________________________________

Name/Title (Please Type Name/Title)	**Signature**	**Date**

Family Planning Clinical Services Guidelines

I. Overview of Family Planning Clinical Guidelines:

A. Title X Priority Goals:

1. To provide the highest quality family planning and related preventive health services that are consistent with nationally recognized standards of care, and in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.

2. To ensure family planning services are equitable, client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed. Client-centered care is defined as care that is respectful of, and responsive to, individual client preferences, needs, and values. Client values should guide all clinical decisions. Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients.

3. To provide access to a broad range of acceptable and effective medically approved family planning methods and services.

B. Delegate Requirements:

1. Provide a broad range of acceptable and effective medically approved family planning and related and other preventive services including:
    - Comprehensive family planning services for clients who want to prevent pregnancy and space births including: client education and counseling; health history; physical assessment; laboratory testing;
    - Breast and cervical cancer screening as appropriate and per the national guidelines;
    - Assistance to achieving pregnancy;
    - Basic (Level 1) infertility services: provide Level I Infertility Services at a minimum, which includes initial infertility interview, education regarding causes and treatment options, physical examination, counseling, and appropriate referral. *These services must be provided at the client's request;*
    - Pregnancy testing and counseling;
    - Adolescent-friendly health services;
    - Annual chlamydia and gonorrhea screening for all sexually active women less than 25 years of age and high-risk women ≥ 25 years of age;
    - Sexually transmitted infection (STI) and human immunodeficiency virus (HIV) services, including prevention education, testing, diagnosis, treatment and referral;
    - Other preconception health services
    - Provision and follow up of referrals as needed to address medical and social service needs.

2. **Follow-up treatment for significant problems uncovered by the history or screening, physical or laboratory assessment or other required (or recommended) services for Title X family planning patients should be provided onsite or by appropriate referral per the following clinical practice guidelines:**

- **Providing Quality Family Planning Services – Recommendations of CDC and US OPA, 2014 (http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf)**
    - Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2015 (https://www.cdc.gov/mmwr/volumes/65/wr/mm6509a3.htm)
    - Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2017 (https://www.cdc.gov/mmwr/volumes/66/wr/mm6650a4.htm)

- **With supporting guidelines from:**
    - Medical Eligibility Criteria for Contraceptive Use, 2016 (CDC): https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm?s_cid=rr6503a1_w
        - Update to U.S. Medical Eligibility Criteria for Contraceptive Use, 2016: Updated Recommendations for the Use of Contraception Among Women at High Risk for HIV Infection | MMWR (cdc.gov)
    - U.S. Selected Practice Recommendation for Contraceptive Use, 2016 (CDC): https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm
        - Update to U.S. Selected Practice Recommendations for Contraceptive Use: Self-Administration of Subcutaneous Depot Medroxyprogesterone Acetate | MMWR (cdc.gov)
    - Sexually Transmitted Infections Treatment Guidelines, 2021 (CDC): https://www.cdc.gov/std/treatment-guidelines/default.htm
    - Recommendations for Providing Quality STD Clinical Services (STD QC) 2020, CDC: https://www.cdc.gov/std/qcs/default.htm
    - Recommendations to Improve Preconception Health and Health Care—Unites States, 2006 (CDC): https://www.cdc.gov/mmwr/PDF/rr/rr5506.pdf
    - Recommendations of the U.S. Preventive Services Task Force https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics
        - Subscribe for Email Updates: https://www.uspreventiveservicestaskforce.org/apps/subscribe.jsp
        - Download USPSTF Recommendations App for Web and Mobile Devices: https://www.uspreventiveservicestaskforce.org/apps/
    - Clinical Guidelines from Other Professional Medical Associations:
        - American College of Obstetrics and Gynecology (ACOG): https://www.acog.org/
        - Bright Futures Guidelines/American Academy of Pediatrics: https://brightfutures.aap.org/clinical-practice/Pages/default.aspx
        - American Society for Reproductive Medicine: https://www.asrm.org/

  - American Urological Association: https://www.auanet.org/guidelines-and-quality/guidelinesAmerican Society of Colposcopy and Cervical Pathology (ASCCP): https://www.asccp.org/Default.aspx
  - Other relevant clinical practice guidelines approved by the BPHCS/US DHHS.

3. **Necessary referrals for any required services should be initiated and tracked per written referral protocols and follow-up procedures for each agency.**
   - Substance Use Disorder
   - Behavioral Health
   - Immediate Postpartum
   - LARC Insertion
   - Primary Care Services
   - Infertility Services

4. **Assurance of confidentiality must be included for all sessions where services are provided.**

New Hampshire Mandated Reporting Requirements

As a mandated reporter, the legal requirement to report suspected abuse or neglect supersedes any professional duty to keep information about clients confidential. All delegate agency staff must be compliant with all applicable state laws regarding the mandatory reporting of child abuse, child molestation, sexual abuse, rape incest, or domestic violence.

- **Children Under 18**:
  - NH Law requires any person who suspects that a child under age 18 has been abused or neglected must report that suspicion immediately to DCYF. (NH RSA 169-C:29-31).
  - If a child tells you that they have been hurt or you are concerned that a child may be the victim of any type of abuse or neglect, you must call the Division for Children, Youth and Families (DCYF) Central Intake Unit at:
    - In-state: (800) 894-5533, or
    - Out-of-state: (603) 271-6562
    - The Intake unit is staffed 24 hours a day, including weekends and holidays. For immediate emergencies, please call 911.
    - More Information on Reporting Child Abuse: https://www.dhhs.nh.gov/report-concern/report-child-abuse#:~:text=NH%20Law%20requires%20any%20person,C%3A29%2D31).&text=The%20Intake%20unit%20is%20staffed,immediate%20emergencies%2C%20please%20call%20911
- **Adults 18 years and older**:
  - The Adult Protection Law requires any person who has a reason to believe that a vulnerable adult has been subjected to abuse, neglect, exploitation, or self-neglect to make a report immediately to the Bureau of Elderly & Adult Services (BEAS) (NH RSA 161-F, 42-57).
  - To make a report:

- In-state: (800) 949-0470, or
- Out-of-state: (603) 271-7014

5. **Each client will voluntarily review and sign a general consent form prior to receiving medical treatment or contraceptive method(s).**

6. **Required Family Planning Staff Trainings: Refer to Appendix B Family Planning Training Plan**

II. Family Planning Clinical Services

Determining the need for services among female and male clients of reproductive age by assessing the reason for visit:

- Reason for visit is related to preventing or achieving pregnancy:
  - Contraceptive services
  - Pregnancy testing and counseling
  - Achieving pregnancy
  - Basic infertility services
  - Preconception health
  - Sexually transmitted infection services
- Initial reason for visit is not related to preventing or achieving pregnancy (acute care, chronic care management, preventive services) but assessment identifies the need for services to prevent or achieve pregnancy
- Assess the need for related preventive services such as breast and cervical cancer screening

The delivery of preconception, STI, and related preventive health services should not be a barrier to a client receiving services related to preventing or achieving pregnancy.

Comprehensive Contraceptive Services (Providing Quality Family Planning Services – Recommendations of CDC and US OPA, 2014: pp 7 - 13):

The following steps should help the client adopt, change, or maintain contraceptive use:

1. Ensure privacy and confidentiality
2. Obtain clinical and social information including:
   a) Medical history
      For females, and other clients who have a uterus:
      - Menstrual history
      - Gynecologic and obstetric history
      - Contraceptive use including condom use
      - Allergies
      - Recent intercourse
      - Recent delivery, miscarriage, or abortion
      - Any relevant infectious or chronic health conditions
      - Other characteristics and exposures that might affect medical criteria for contraceptive method

For males, and other clients who have a penis:

- Use of condoms
- Known allergy to condoms
- Partner contraception
- Recent intercourse
- For clients in heterosexual partnerships, whether partner is currently pregnant or has recently had a child, miscarriage, or abortion
- The presence of any infectious or chronic health condition

The taking of a medical history should not be a barrier to obtaining condoms.

b) Pregnancy intention or reproductive life plan. Ask questions such as:
- Do you want to become a parent someday?
- Do you have any children now?
- Do you want to have (more) children?
- How many (more) children would you like to have and when?

c) Contraceptive experiences and preferences

d) Sexual health assessment including:
- Sexual practices: types of sexual activity the client engages in.
- History of exchanging sex for drugs, shelter, money, etc. for client or partner(s)
- Pregnancy prevention: current, past, and future contraception options
- Partners: number, gender, concurrency of the client's sex partners
- Protection from STIs: condom use, monogamy, and abstinence
- Past STI history in client & partner (to the extent the client is aware)
- History of needle use (drugs, steroids, etc.) by client or partner(s)

3. Work with the client interactively to select the most suitable contraceptive method (Appendix A). Use a patient-centered decision-making approach in which the provider reviews medically appropriate methods in the context of the client's priorities.

a) Ensure that the client understands:
- Method effectiveness
- Correct use of the method
- Non-contraceptive benefits
- Side effects
- Protection from STIs, including HIV

b) Assist client to consider potential barriers that might influence the likelihood of correct and consistent use of the method under consideration including:
- Social-behavioral factors
- Intimate partner violence and sexual violence
- Mental health and substance use behaviors

4. Conduct a physical assessment related to contraceptive use, when warranted as per U.S. Selected Practice Recommendations for Contraceptive Use, 2016, Appendix C. (https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1_appendix.htm#T-4-C.1_down).

5. Provide the contraception method along with instructions about correct and consistent use, help the client develop a plan for using the selected method and for follow-up, and confirm client understanding. Document the client's understanding of their chosen contraceptive method by using a:
   a) Checkbox, Written statement, or Method-specific consent form;
   b) Teach-back method to confirm client's understanding about risks and benefits, method use, and follow-up.

6. Provide counseling for returning clients: ask if the client has any concerns with the contraception method and assess its use. Assess any changes in the client's medical history that might affect safe use of the contraceptive method.

7. Counseling adolescent clients should include a discussion on:
   a) Sexual coercion: how to resist attempts to coerce minors into engaging in sexual activities

   b) Family involvement: encourage and promote communication between the adolescent and their parent(s) or guardian(s) about sexual and reproductive health

   c) Abstinence: counseling that abstinence is an option and is the most effective way to prevent pregnancy and STIs

A. <u>Pregnancy Testing and Counseling (Providing Quality Family Planning Services – Recommendations of CDC and US OPA, 2014: pp 13- 16):</u>

The visit should include a discussion about reproductive life plan and a medical history. The test results should be presented to the client, followed by a discussion of options and appropriate referrals.

1. Positive Pregnancy Test: include an estimation of gestational age so that appropriate counseling can be provided.
   a. Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options:
      - Prenatal care and delivery
      - Infant care, foster care, or adoption; and
      - Abortion

   b. If requested, provide options counseling which consists of information and counseling in a neutral manner with medically accurate information and nondirective counseling on each of the pregnancy options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. For clients who are considering or choose to

continue the pregnancy, initial prenatal counseling should be provided in accordance with recommendations of professional medical organizations, such as ACOG.

2. Negative Pregnancy Test and Not Seeking Pregnancy: evaluate reason for negative test. Offer same day contraceptive services (including emergency contraception) and discuss the value of making a reproductive life plan.

3. Negative Pregnancy Test and Seeking Pregnancy: counsel about how to maximize fertility.
   a) If appropriate, offer Basic Infertility Services (Level I) on-site or through referral. Key education points include:
      - Peak days and signs of fertility.
      - Penile-vaginal intercourse soon after menstrual period ends can increase the likelihood of becoming pregnant.
      - Methods or devices that determine or predict ovulation.
      - Fertility rates are lower among clients with BMI outside of the normal range, and those who consume high levels of caffeine.
      - Smoking, consuming alcohol, using recreational drugs, and using most commercially available vaginal lubricants might reduce fertility.

4. **<u>Preconception Health Services (Providing Quality Family Planning Services – Recommendations of CDC and US OPA, 2014: pp 16- 17):</u>**

Preconception health services should be offered to clients of reproductive age who are not pregnant but are at risk of becoming pregnant and to clients who are at risk for impregnating their partner. Services should be administered in accordance with CDC's recommendations to improve preconception health and health care.

1. For Clients at risk of becoming pregnant:
   a) Counsel on the need to take a daily supplement containing folic acid
   b) Discussion of reproductive life plan.
   c) Sexual health assessment screening including screening for sexually transmitted infections as indicated.
   d) Other screening services that include:
      - Obtain medical history
        - Many chronic medical conditions such as diabetes, hypertension, psychiatric illness, and thyroid disease have implications for pregnancy outcomes and should be optimally managed before pregnancy.
        - All prescription and nonprescription medications should be reviewed during pre-pregnancy counseling and teratogens should be avoided.
      - Screen for intimate partner violence
      - Screen for tobacco, alcohol, and substance use
      - Screen for immunization status
      - Screen for depression when staff are in place to ensure an accurate diagnosis. At a minimum, provide referral to behavioral health services for those who have a positive screen
      - Screen for obesity by obtaining height, weight, & Body Mass Index (BMI)
      - Screen for hypertension by obtaining Blood Pressure (BP).

- Screen for type 2 diabetes in asymptomatic adults with sustained BP > 135/80 mmHg (refer to PCP).
- Clients who present for pre-pregnancy counseling should be offered screening for the same genetic conditions as recommended for pregnant clients.
- Patients with potential exposure to certain infectious diseases, such as the Zika virus, should be counseled regarding travel restrictions and appropriate waiting time before attempting pregnancy.

2. For Clients at risk of impregnating a partner:
   a) Discussion of reproductive life plan.
   b) Sexual health assessment screening.
   c) Other screening services that include:
      - Obtain medical history
      - Screen for tobacco, alcohol, and substance use
      - Screen for immunization status
      - Screen for depression when staff-assisted depression supports are in place to ensure accurate diagnosis, effective treatment, and follow-up
      - Screen for obesity by obtaining height, weight, & BMI
      - Screen for hypertension by obtaining BP
      - Screen for type 2 diabetes in asymptomatic adults with sustained BP > 135/80 mmHg
      - Patients with potential exposure to certain infectious diseases, such as the Zika virus, should be counseled regarding travel restrictions and appropriate waiting time before attempting pregnancy.

D. Sexually Transmitted Infection Services (Providing Quality Family Planning Services – Recommendations of CDC and US OPA, 2014: pp 17- 20):

Provide STI services in accordance with CDC's STI treatment and HIV testing guidelines.

1. Assess client:
   a) Discuss client's reproductive life plan
   b) Obtain medical history
   c) Obtain sexual health assessment
   d) Check immunization status

2. Screen client for STIs
   a. For clients who are able to become pregnant: test clients < 25 years of age and those high-risk clients ≥25 years of age yearly for chlamydia and gonorrhea
   b. Screen clients for HIV/AIDS in accordance with CDC HIV testing guidelines which include routinely screening all clients aged 13-64 years for HIV infection at least one time. Those with certain risk factors for HIV should be re-screened at least annually or per CDC Guidelines (https://www.cdc.gov/hiv/testing/index.html).
   c. Provide additional STI testing as indicated and per the CDC Guidelines (https://www.cdc.gov/std/treatment-guidelines/default.htm)

i. Syphilis
   1. Populations at risk include MSM, commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and those living in communities with high prevalence of syphilis.
   2. Pregnant clients should be screened for syphilis at the time of their positive pregnancy test if there might be delays in obtaining prenatal care.

ii. Hepatitis C

iii. CDC recommends one-time testing for hepatitis C (HCV) for persons born during 1945–1965, as well as persons at high risk.

3. Treat client and client's partner(s) through expedited partner therapy (EPT) (https://www.cdc.gov/std/ept/default.htm), if positive for STIs in a timely fashion to prevent complications, re-infection, and further spread in accordance with CDC's STI Treatment Guidelines. Re-test as indicated. Follow NH Bureau of Infectious Disease Control reporting regulations (https://www.dhhs.nh.gov/report-concern/infectious-disease-reporting-and-forms).
   a. EPT is legal in New Hampshire under NH Law RSA 141-C:15-A (https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/ept-healthcare.pdf)
4. Provide STI/HIV risk reduction counseling.

III. Guidelines for Related Preventive Health Services (Providing Quality Family Planning Services – Recommendations of CDC and US OPA, 2014: p. 20):

A. For clients without a PCP, the following screening services should be provided on-site or by referral in accordance with federal and professional medical recommendations:

- Medical History
- Cervical Cytology and HPV vaccine
- Clinical Breast Examination or discussion
- Mammography
- Genital Examination for adolescent males to assess normal growth and development and other common genital findings.

IV. Summary (Providing Quality Family Planning Services Recommendations of CDC and US OPA, 2014: pp 22- 23):

A. **Checklist of family planning and related preventive health services for women:** Appendix C

B. **Checklist of family planning and related preventive health services for men:** Appendix D

V. Guidelines for Other Medical Services

A. Postpartum Services

Provide postpartum services in accordance with federal and professional medical recommendations. In addition, provide comprehensive contraception services as described above to meet family planning guidelines.

B. Permanent Contraception Services

Public Health Services Guidelines on Sterilization of Persons in Federally Assisted Family Planning Projects (42 CFR Part 50, Subpart B, 10-1-00 Edition) (https://www.ecfr.gov/cgi-bin/text-idx?SID=f93c09d3dad79124016304b202ac9860&mc=true&node=pt42.1.50&rgn=div5#sp42.1.50.b) must be followed if permanent contraception services are offered.

C. Minor Gynecological Problems

Diagnosis and treatment are provided according to each agency's medical guidelines.

D. Genetic Screening

Initial genetic screening and referral for genetic counseling is provided to clients at risk for transmission of genetic abnormalities. Initial screening includes: family history of client and partner.

VI. Referrals

Provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.

Agencies must establish formal arrangements with a referral agency for the provision of services required by Title X that are not available on site. Agencies must have written policies/procedures for follow-up on referrals made as a result of abnormal physical exam or laboratory test findings. These policies must be sensitive to client's concerns for confidentiality and privacy.

If services are determined to be necessary, but beyond the scope of Title X or the state program clinical guidelines, agencies are responsible to provide pertinent client information to the referral provider (with the client's consent) and to counsel the client on their responsibility to follow up with the referral and on the importance of the referral.

When making referrals for services that are not required under Title X or by the state program clinical guidelines, agencies must make efforts to assist the client in identifying payment sources, but agencies are not responsible for payment for these services.

VII. Emergencies

All agencies must have written protocols for the management of on-site medical emergencies. Protocols must also be in place for emergencies requiring transport, after-hours management of

contraceptive emergencies and clinic emergencies. All staff must be familiar with emergency protocols.

VIII. Resources

Contraception:

- US Medical Eligibility for Contraceptive Use, 2016 https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm?s_cid=rr6503a1_w
    - Update to U.S. Medical Eligibility Criteria for Contraceptive Use, 2016: Updated Recommendations for the Use of Contraception Among Women at High Risk for HIV Infection | MMWR (cdc.gov)
    - Available as a mobile app: https://www.cdc.gov/reproductivehealth/contraception/contraception-app.html
- U.S. Selected Practice Recommendations for Contraceptive Use, 2016. https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm
    - Update to U.S. Selected Practice Recommendations for Contraceptive Use: Self-Administration of Subcutaneous Depot Medroxyprogesterone Acetate | MMWR (cdc.gov)
    - Available as a mobile app: https://www.cdc.gov/reproductivehealth/contraception/contraception-app.html
- Bedsider Providers: https://providers.bedsider.org/
- "Emergency Contraception," *ACOG Practice Bulletin, No 152,* September, 2015. (Reaffirmed 2022).https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Emergency-Contraception
- Emergency Contraception FAQs (ACOG) https://www.acog.org/womens-health/faqs/emergency-contraception
- "Long-Acting Reversible Contraception: Implants and Intrauterine Devices," ACOG Practice Bulletin Number 186, November 2017 (Reaffirmed 2021). https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices
- Long-Acting Reversible Contraception (LARC) Quick Coding Guide (ACOG) https://www.acog.org/practice-management/coding
- Contraceptive Technology, Hatcher, et al. 21st Revised Edition. http://www.contraceptivetechnology.org/the-book/
- Managing Contraceptive Pill Patients, Richard P. Dickey. 17th Edition.
- Condom Effectiveness (CDC) http://www.cdc.gov/condomeffectiveness/index.html
- Reproductive Health National Training Center (RHNTC): https://rhntc.org/

- Contraceptive Counseling and Education eLearning: https://rhntc.org/resources/contraceptive-counseling-and-education-elearning
- Efficient Questions for Client-Centered Contraceptive Counseling Palm Card: https://rhntc.org/resources/efficient-questions-client-centered-contraceptive-counseling-palm-card
- Birth Control Methods Options Chart: https://rhntc.org/resources/birth-control-methods-options-chart

Preventative Care

- US Preventive Services Task Force (USPSTF) http://www.uspreventiveservicestaskforce.org
  - U.S. Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, 2014. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html
- Cervical Cancer Screening Guidelines (Updated April 2021): https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines
- American Society for Colposcopy and Cervical Pathology (ASCCP) http://www.asccp.org
  - 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/10/updated-guidelines-for-management-of-cervical-cancer-screening-abnormalities
  - Management of Abnormal Vaginal Cytology and HPV Tests (February 2020): https://www.asccp.org/pearl1
  - **Mobile app: Abnormal pap management:** https://www.asccp.org/mobile-app
- "Breast Cancer Risk Assessment and Screening in Average-Risk Women," ACOG Practice Bulletin Number 179, July 2017 (Reaffirmed 2021). https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Breast-Cancer-Risk-Assessment-and-Screening-in-Average-Risk-Women

Adolescent Health

- American Academy of Pediatrics (AAP), Bright Futures https://www.aap.org/en/practice-management/bright-futures
- American Medical Association (AMA) Guidelines for Adolescent Preventive Services (GAPS) http://www.uptodate.com/contents/guidelines-for-adolescent-preventive-services
- North American Society of Pediatric and Adolescent Gynecology http://www.naspag.org/
- American Academy of Pediatrics (AAP)

- Policy Statement: "Contraception for Adolescents," October, 2014 (reaffirmed August 2021). http://pediatrics.aappublications.org/content/early/2014/09/24/peds.2014-2299

- American Academy of Pediatrics, Policy Statement, Options Counseling for the Pregnant Adolescent Patient. Pediatrics, September 2017; 140:3. https://publications.aap.org/pediatrics/article/140/3/e20172274/38291/Options-Counseling-for-the-Pregnant-Adolescent?searchresult=1

- Mandated Reporting (Reproductive Health National Training Center) https://www.fpntc.org/resources/mandatory-child-abuse-reporting-state-summaries/new-hampshire

- Know & Tell, Information and trainings on child abuse and neglect, including NH mandated reporting requirements: https://knowandtell.org/

Sexually Transmitted Diseases

- STI/HIV Resources for HealthCare Providers (NH DHHS): https://www.dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/sexually-transmitted-infections-1#:~:text=In%20NH%2C%20healthcare%20providers%20can,Expedited%20Partner%20Therapy%2C%20or%20EPT.

- STI/STD Treatment and Screening Guidelines (CDC): http://www.cdc.gov/std/treatment/

- Recommendations for Providing Quality STD Clinical Services (STD QCS) (CDC): https://www.cdc.gov/std/qcs/default.htm
  - **Available as a mobile app**: https://www.cdc.gov/mobile/mobileapp.html

- Expedited Partner Therapy (CDC): https://www.cdc.gov/std/ept/default.htm

- HIV/AIDS Info for Health Professionals (National Institutes of Health): https://oar.nih.gov/hiv-resources/health-professionals

- Sexually Transmitted Infections Services eLearning (RHNTC): https://rhntc.org/resources/sexually-transmitted-infections-services-elearning

- National STD Curriculum: https://www.std.uw.edu/
- National Network of STD Clinical Prevention Training Centers: https://nnptc.org/

Pregnancy testing and counseling/Early pregnancy management

- American Academy of Pediatrics, Policy Statement, Options Counseling for the Pregnant Adolescent Patient. Pediatrics, September 2017; 140:3. https://publications.aap.org/pediatrics/article/140/3/e20172274/38291/Options-Counseling-for-the-Pregnant-Adolescent?searchresult=1

- Reproductive National Training Center (RHNTC): https://rhntc.org/

  - Pregnancy Testing and Counseling eLearning: https://rhntc.org/resources/pregnancy-testing-and-counseling-elearning

  - Adoption as an Option in Family Planning Settings Webinar: https://rhntc.org/resources/adoption-option-family-planning-settings-webinar

- Guidelines for Perinatal Care, 8th Edition. AAP Committee on Fetus and Newborn and ACOG Committee on Obstetric Practice. Edited by Sarah J. Kilpatrick, Lu-Ann Papile and George A. Macones. Book | Published in 2017. ISBN (paper): 978-1-61002-087-9: https://ebooks.aappublications.org/content/guidelines-for-perinatal-care-8th-edition

- Early pregnancy loss. ACOG Practice Bulletin No. 200. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018: 132:e197–207. https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Early-Pregnancy-Loss

Fertility/Infertility Counseling and Basic Workup

- Reproductive National Training Center (RHNTC): https://rhntc.org/
  - Support for Achieving a Health Pregnancy eLearning: https://rhntc.org/resources/support-achieving-healthy-pregnancy-elearning
  - Basic Infertility Protocol Job Aid: https://rhntc.org/resources/basic-infertility-protocol-job-aid
- American Society for Reproductive Medicine (ASRM) http://www.asrm.org
  - Practice Committee Documents: https://www.asrm.org/news-and-publications/practice-committee-documents/
  - Optimizing natural fertility: a committee opinion. Fertil Steril, 2022; 117, 53-63. https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/practice-guidelines/for-non-members/optimizing_natural_fertility.pdf
  - https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/practice-guidelines/for-non-members/diagnostic_evaluation_of_the_infertile_female.pdf

Preconception Visit

- Recommendations to Improve Preconception Health and Health Care—Unites States, 2006 (CDC): https://www.cdc.gov/mmwr/PDF/rr/rr5506.pdf

- ACOG Committee Opinion No. 762. America College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e78–89. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/01/prepregnancy-counseling

- Reproductive Health National Training Center (RHNTC) Preconception Counseling Checklist: https://rhntc.org/resources/preconception-counseling-checklist

Health Equity

- Structures & Self: Advancing Equity and Justice in SRH (Innovating Education in Reproductive Health): https://www.innovating-education.org/2019/10/structures-self-advancing-equity-and-justice-in-srh/

- Patient Experience Improvement Toolkit (RHNTC): https://rhntc.org/resources/patient-experience-improvement-toolkit

Other

- American College of Obstetrics and Gynecology (ACOG) Practice Bulletins and Committee Opinions are available on-line to ACOG members only, at http://www.acog.org
  - ACOG Clinical Subscription includes clinical guidance, including full access to ACOG's Practice Bulletins and the bi-monthly monograph series, Clinical Updates for Women's Health. https://www.acog.org/store/products/clinical-resources/acog-clinical-subscription?utm_source=vanity&utm_medium=web&utm_campaign=subscribe
- American Cancer Society http://www.cancer.org/
- Agency for Healthcare Research and Quality http://www.ahrq.gov/clinic/cpgsix.htm
- Centers for Disease Control & Prevention A to Z Index: http://www.cdc.gov/az/b.html
- Women's Health Issues, published bimonthly by the Jacobs Institute of Women's Health. http://www.whijournal.com/
- American Medical Association, Information Center https://www.ama-assn.org/
- US DHHS, Health Resources Services Administration (HRSA) https://www.hrsa.gov/
- National Guidelines Clearinghouse (NGCH) http://www.guideline.gov
- NH Human Trafficking Collaborative Task Force: https://www.nhhumantraffickingtaskforce.com

Title X Resources

- Office of Population Affairs: https://opa.hhs.gov
  - Title X Statutes, Regulations and Legislative Mandates https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates
  - Sterilization of Persons in Federally Assisted Family Planning Projects (42 CFR Part 50, Subpart B, 10-1-00 Edition): https://www.ecfr.gov/cgi-bin/text-idx?SID=f93c09d3dad79124016304b202ac9860&mc=true&node=pt42.1.50&rgn=div5#sp42.1.50.b
- Reproductive Health National Training Center (RHNTC): https://rhntc.org/
- Clinical Training Center for Sexual and Reproductive Health (CTCSRH): https://ctcsrh.org/

Subscribe to the Family Planning Post; a quarterly newsletter for the NH FPP network that includes family planning information, education, and professional development and training opportunities. Email Brittany.A.Foley@dhhs.nh.gov to subscribe.

State of New Hampshire
Department of Health & Human Services
Bureau of Population Health and Community Services
Maternal and Child Health Section, Family Planning Program
Family Planning Clinical Services Guidelines

Appendix A

The Typical Effectiveness of Food and Drug Administration-Approved Contraceptive Methods

Birth Control Method Options

Clients considering their birth control method options should understand the range and characteristics of available methods. Providers can use this chart to help clients consider their birth control method options. Clients should also be counseled about their options for reducing risk of STIs.

METHOD	What is the risk for pregnancy?*	How do you use this method?	How often is this used?	What are menstrual side effects?	Other possible side effects?	Other things to consider?
MOST EFFECTIVE						
FEMALE STERILIZATION	.5 out of 100	Surgical procedure	Once	No menstrual side effects	Pain, bleeding, risk of infection	Permanent
MALE STERILIZATION	.15 out of 100					
LNG IUD	.2 out of 100	Placed inside uterus	Up to 7 years	Spotting, lighter or no periods	Some discomfort with placement	No estrogen May reduce cramps
COPPER IUD	.8 out of 100		Up to 10 years	May cause heavier, longer periods		No hormones May cause cramps
IMPLANT	.05 out of 100	Placed in upper arm	Up to 3 years	Spotting, lighter or no periods		No estrogen May reduce cramps
MODERATELY EFFECTIVE						
INJECTABLES	4 out of 100	Shot in arm, hip, or under the skin	Every 3 months	Spotting, lighter or no periods	May cause weight gain	No estrogen May reduce cramps
PILL	8 out of 100	Take by mouth	Every day at the same time	Can cause spotting for the first few months Periods may become lighter	Nausea, breast tenderness Risk for blood clots	May improve acne May reduce menstrual cramps Lowers ovarian and uterine cancer risk
PATCH	9 out of 100	Put on skin	Weekly			
RING	9 out of 100	Put in vagina	Monthly			
DIAPHRAGM	12 out of 100	Put in vagina with spermicide	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones
LEAST EFFECTIVE						
EXTERNAL CONDOM	13 out of 100	Put over penis	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones No prescription
VAGINAL GEL	14 out of 100	Put in vagina			Allergic reaction, irritation	No hormones
WITHDRAWAL	20 out of 100	Pull penis out of vagina before ejaculation			No side effects	No hormones Nothing to buy
INTERNAL CONDOM	21 out of 100	Put in vagina			Allergic reaction, irritation	No hormones No prescription
SPONGE	24 out of 100	Put in vagina				
FERTILITY AWARENESS-BASED METHODS	24 out of 100	Monitor fertility signs and abstain or use condoms on fertile days	Every day		No side effects	No hormones Increased awareness of fertility signs
SPERMICIDES	28 out of 100	Put in vagina	Every time you have sex		Allergic reaction, irritation	No hormones No prescription

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method. Other methods of birth control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397–404. Sundaram A. Contraceptive failure in the United States. *Perspect Sex Reprod Health* 2017; 49:7–16. Other references available on www.rhntc.org.

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Source: https://rhntc.org/sites/default/files/resources/rhntc_birth_control_chart_3-4-2022.pdf

Appendix B

Staff should complete one of the two following training plans, as applicable:

I. Annual Staff Training Plan All staff that are not new to the Title X NH FPP must complete the training list on an annual basis, within the State Fiscal Year (July 1st – June 30th). New staff are not required to follow this training plan until after their first year of employment when they have completed the *New Staff Training and Title X Orientation Plan*.

NH FPP Training Requirement	Training Details	Staff Required
Annual Title X Training	**Option 1 (recommended)**: **Annual NH FPP Title X Live Webinar** The date of the webinar will be announced via email each year, and will cover several Title X required training topics as well as other NH FPP program-related items. **Option 2**: ***Title X Orientation Requirements for Title X Funded Family Planning Projects*** (RHNTC Recorded Webinar) https://rhntc.org/resources/title-x-orientation-program-requirements-title-x-funded-family-planning-projects	**All Title X Staff** *administrative, clinical, etc.*

Client-centered Services and Health Equity in Sexual & Reproductive Health	Title X Staff must complete one of the training options below:
	Option 1: Complete one of the options from the list below:
	• *Cultural Competency in Family Planning Care eLearning*; **Time:** 1.5 hours; continuing education available
	• ***Language Access Trainings (must complete both):***
	  1.) *Language Access 101: Creating Inclusive Clinics Webinar*; **Time**: 30 minutes; continuing education available
	  2.) *Working Effectively with Medical Interpreters eLearning*; **Time**: 30 minutes; continuing education available
	• *Leadership for a Diverse and Inclusive Family Planning Organization*; **Time:** 1 hour
	• *Think Cultural: Culturally Competent Nursing Care Program*; continuing education available
	• *Structures and Self: Advancing Equity and Justice in SRH eLearning*
		All Title X Staff *administrative, clinical, etc.*

	• *Trauma Informed Care in the Family Planning Setting Webinar*; **Time**: 1.5 hours • Complete any webinar in the *Putting the QFP into Practice eLearning Series* **Option 2: Attend a related training opportunity shared or hosted by NH FPP staff during the year**. **Option 3: Alternate trainings related to client-centered services and Health Equity may be used with pre-approval from NH FPP staff.**	
Annual 340b Sexual Health Webinar	NH DHHS hosts an annual webinar event that covers a variety of sexual health topics, including NH STD surveillance updates. A save the date will be shared once it is available. *At least 2 clinical Title X staff must attend the live webinar. All other clinical staff must watch the webinar recording within 30 days of it being made available. A sheet of staff signatures will be collected 30 days after the recording is made available.*	**All Clinical Title X Staff**
NH Mandatory Reporting	**State Fiscal Year 2024** Training on New Hampshire mandatory reporting is required of all Title X staff once during a two-year project period. Mandatory reporting trainings are available live and on-demand through Know & Tell. To request a live training, or to view pre-recorded training options available, visit: https://knowandtell.org/ *Alternate training options on mandatory reporting may be used, but must be New Hampshire-specific.*	**All Title X Staff** *administrative, clinical, etc.*
	State Fiscal Year 2025 Complete each of the following: 1.) **Review the following**: Mandatory Child Abuse Reporting State Summary, New Hampshire 2.) **Watch the following:** Trauma-Informed Mandatory Child Abuse Reporting in a Family Planning Setting Video ***Additional Resources (optional)***: *Identifying and Responding to Human Trafficking in Title X Settings, eLearning Course* *The Basics of Human Trafficking, guide*	

II. New Staff Training and Title X Orientation Plan

All staff new to Title X and the NH FPP must complete the training list as soon as possible, or at least by the deadline outlined in the training plan below. Online training options are provided so new staff can complete as their schedule allows.

NH FPP Training Requirement	Training Details	Staff Required	Timeline
Title X Orientation eLearning	*Title X Orientation Requirements for Title X Funded Family Planning Projects eLearning* **Time:** 45-90 minutes **In order to receive a certificate of completion, participants must be logged in prior to starting the course and complete the course evaluation upon completion*	**All Title X Staff** *administrative, clinical, etc.*	**Within the first *30 days* of employment**
NH Mandatory Reporting	Mandatory reporting trainings are available live and on-demand through Know & Tell. To request a live training, or to view pre-recorded training options available, visit: https://knowandtell.org/ **Alternate training options on mandatory reporting may be used, but must be New Hampshire-specific.*	**All Title X Staff** *administrative, clinical, etc.*	**Within the first *60 days* of employment**
Cultural Competency in Family Planning Care eLearning	*Cultural Competency in Family Planning Care eLearning* **Time:** 1.5 hours / **Continuing Education:** 1.5 contact hours offered (free) **In order to receive a certificate of completion or CEs, participants must be logged in prior to starting the course and complete the course evaluation upon completion*	**All Title X Staff** *administrative, clinical, etc.*	**Within the first *90 days* of employment**
Annual 340b Sexual Health Webinar	NH DHHS hosts an annual webinar event that covers a variety of sexual health topics, including NH STD surveillance updates. A save the date will be shared once it is available. *At least 2 clinical Title X staff must attend the live webinar. All other clinical staff must watch the webinar recording within 30 days of it being made available. For new clinical staff onboarding after this timeframe, it is strongly encouraged that they watch the most recent webinar recording as part of their training plan, otherwise they must plan on watching the next session available.*	**All Clinical Title X Staff**	**Within the *first year* of employment**

State of New Hampshire
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Appendix C

TABLE 2. Checklist of family planning and related preventive health services for women

Screening components	Family planning services (provide services in accordance with the appropriate clinical recommendation)					Related preventive health services
	Contraceptive services[*]	Pregnancy testing and counseling	Basic infertility services	Preconception health services	STD services[†]	
History						
Reproductive life plan[§]	Screen	Screen	Screen	Screen	Screen	
Medical history[§,**]	Screen	Screen	Screen	Screen	Screen	Screen
Current pregnancy status[§]	Screen					
Sexual health assessment[§,**]	Screen		Screen	Screen	Screen	
Intimate partner violence [§,¶,**]				Screen		
Alcohol and other drug use[§,¶,**]				Screen		
Tobacco use[§,¶]	Screen (combined hormonal methods for clients aged ≥35 years)			Screen		
Immunizations[§]				Screen	Screen for HPV & HBV[§§]	
Depression[§,¶]				Screen		
Folic acid[§,¶]				Screen		
Physical examamination						
Height, weight and BMI[§,¶]	Screen (hormonal methods)[††]		Screen	Screen		
Blood pressure[§,¶]	Screen (combined hormonal methods)			Screen[§§]		
Clinical breast exam[**]			Screen			Screen[§§]
Pelvic exam[§,**]	Screen (initiating diaphragm or IUD)	Screen (if clinically indicated)	Screen			
Signs of androgen excess[**]			Screen			
Thyroid exam[**]			Screen			
Laboratory testing						
Pregnancy test [**]	Screen (if clinically indicated)	Screen				
Chlamydia[§,¶]	Screen[¶¶]				Screen[§§]	
Gonorrhea[§,¶]	Screen[¶¶]				Screen[§§]	
Syphilis[§,¶]					Screen[§§]	
HIV/AIDS[§,¶]					Screen[§§]	
Hepatitis C[§,¶]					Screen[§§]	
Diabetes[§,¶]				Screen[§§]		
Cervical cytology[¶]						Screen[§§]
Mammography[¶]						Screen[§§]

Abbreviations: BMI = body mass index; HBV = hepatitis B virus; HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome; HPV = human papillomavirus; IUD = intrauterine device; STD = sexually transmitted disease.

* This table presents highlights from CDC's recommendations on contraceptive use. However, providers should consult appropriate guidelines when treating individual patients to obtain more detailed information about specific medical conditions and characteristics (Source: CDC. U.S. medical eligibility criteria for contraceptive use 2010. MMWR 2010;59(No. RR-4).

† STD services also promote preconception health but are listed separately here to highlight their importance in the context of all types of family planning visits. The services listed in this column are for women without symptoms suggestive of an STD.

§ CDC recommendation.

¶ U.S. Preventive Services Task Force recommendation.

** Professional medical association recommendation.

†† Weight (BMI) measurement is not needed to determine medical eligibility for any methods of contraception because all methods can be used (U.S. Medical Eligibility Criteria 1) or generally can be used (U.S. Medical Eligibility Criteria 2) among obese women (Source: CDC. U.S. medical eligibility criteria for contraceptive use 2010. MMWR 2010;59[No. RR-4]). However, measuring weight and calculating BMI at baseline might be helpful for monitoring any changes and counseling women who might be concerned about weight change perceived to be associated with their contraceptive method.

§§ Indicates that screening is suggested only for those persons at highest risk or for a specific subpopulation with high prevalence of an infection or condition.

¶¶ Most women do not require additional STD screening at the time of IUD insertion if they have already been screened according to CDC's STD treatment guidelines (Sources: CDC. STD treatment guidelines. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. Available at http://www.cdc.gov/std/treatment. CDC. Sexually transmitted diseases treatment guidelines, 2010. MMWR 2010;59[No. RR-12]). If a woman has not been screened according to guidelines, screening can be performed at the time of IUD insertion and insertion should not be delayed. Women with purulent cervicitis or current chlamydial infection or gonorrhea should not undergo IUD insertion (U.S. Medical Eligibility Criteria 4) women who have a very high individual likelihood of STD exposure (e.g. those with a currently infected partner) generally should not undergo IUD insertion (U.S. Medical Eligibility Criteria 3) (Source: CDC. US medical eligibility criteria for contraceptive use 2010. MMWR 2010;59[No. RR-4]). For these women, IUD insertion should be delayed until appropriate testing and treatment occurs.

Appendix D

TABLE 3. Checklist of family planning and related preventive health services for men

Screening components and source of recommendation	Family planning services (provide services in accordance with the appropriate clinical recommendation): Contraceptive services*	Basic infertility services	Preconception health services†	STD services§	Related preventive health services
History					
Reproductive life plan¶	Screen	Screen	Screen	Screen	
Medical history¶,††	Screen	Screen	Screen	Screen	
Sexual health assessment¶,††	Screen	Screen	Screen	Screen	
Alcohol & other drug use ¶,**,††			Screen		
Tobacco use¶,**			Screen		
Immunizations¶			Screen	Screen for HPV & HBV§§	
Depression¶,**			Screen		
Physical examination					
Height, weight, and BMI¶,**			Screen		
Blood pressure**,††			Screen§§		
Genital exam††		Screen (if clinically indicated)		Screen (if clinically indicated)	Screen§§
Laboratory testing					
Chlamydia¶				Screen§§	
Gonorrhea¶				Screen§§	
Syphilis¶,**				Screen§§	
HIV/AIDS¶,**				Screen§§	
Hepatitis C¶,**				Screen§§	
Diabetes¶,**			Screen§§		

Abbreviations: HBV = hepatitis B virus; HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome; HPV = human papillomavirus virus; STD = sexually transmitted disease.

* No special evaluation needs to be done prior to making condoms available to males. However, when a male client requests advice on pregnancy prevention, he should be provided contraceptive services as described in the section "Provide Contraceptive Services."

† The services listed here represent a sub-set of recommended preconception health services for men that were recommended and for which there was a direct link to fertility or infant health outcomes (Source: Frey K, Navarro S, Kotelchuck M, Lu M. The clinical content of preconception care: preconception care for men. Am J Obstet Gynecol 2008;199[6 Suppl 2]:S389–95).

§ STD services also promote preconception health, but are listed separately here to highlight their importance in the context of all types of family planning visit. The services listed in this column are for men without symptoms suggestive of an STD.

¶ CDC recommendation.

** U.S. Preventive Services Task Force recommendation.

†† Professional medical association recommendation.

§§ Indicates that screening is suggested only for those persons at highest risk or for a specific subpopulation with high prevalence of infection or other condition.