

Basic Infertility Services Site Self-Assessment



Use this assessment to determine the extent to which your site implements basic infertility services as defined in the [Title X Program Handbook](#) and [Providing Quality Family Planning Services—Recommendations of CDC and the U.S. Office of Population Affairs](#), and to identify opportunities for improvement. Convene a team or gather information from a variety of family planning providers and staff to ensure that multiple perspectives inform the ratings of each element and potential strategies for improvement.

Policies and Procedures					
Element	Always	Usually	Sometimes	Never	How could we improve?
We regularly review and update basic infertility services policies and procedures to align with nationally recognized standards of care.					
We use a written clinical protocol that aligns with nationally recognized standards of care to guide the provision of basic infertility services.					
We train and prepare the care team to provide basic infertility services according to agency policies and procedures.					
We have referral processes to connect clients with infertility specialists, when needed.					
We have referral processes to connect clients with other related services, including resources to support the social, emotional, financial, and other aspects of navigating infertility and treatment, when needed.					

Training

Element	Always	Usually	Sometimes	Never	How could we improve?
We train staff on the foundational concepts of infertility and infertility services, including achieving healthy pregnancy.					
We train staff on family building considerations for LGBTQ+ individuals and couples.					
We train staff on the common factors associated with and causes of infertility.					
We train staff on infertility evaluation and treatment options.					
We train staff on barriers, disparities, and inequities in infertility and infertility care, including the impact of bias and racism.					
We train staff to apply principles of cultural humility and to mitigate the impact of implicit bias in client care.					
We train staff on the emotional aspects of infertility and infertility treatment and to provide trauma-informed education, counseling, and referrals for clients who experience infertility.					

Providing Quality Family Planning and Related Services to Prevent Infertility

Element	Always	Usually	Sometimes	Never	How could we improve?
We screen all clients for chlamydia and gonorrhea according to national guidelines and provide treatment, as indicated.					
We provide preventive health services that are related to and supportive of fertility, such as screening for hypertension and diabetes.					

Determining the Client's Need for Fertility and Infertility Services

We discuss reproductive and/or family-building goals with clients to determine their need for services, including basic infertility services.					
We ask if the client (or their partner) is experiencing difficulty achieving pregnancy when determining a client's need for services, if indicated.					

Pregnancy Testing and Counseling

We offer preconception health services to clients who might become pregnant.					
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Clients Who Want to Become Pregnant

We ask the client who wants to become pregnant how long they have been trying to get pregnant. If the client's situation does not meet one of the standard definitions of infertility, we counsel them on fertility awareness and supporting fertility to achieve a healthy pregnancy.					
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Clients Who Want to Become Pregnant

Element	Always	Usually	Sometimes	Never	How could we improve?
We discuss key points when counseling on fertility awareness and how to support fertility, including:					
<ul style="list-style-type: none"> • Monitor peak fertile days and signs of fertility, including the 6-day interval ending on the day of ovulation that is characterized by slippery, stretchy cervical mucus. 					
<ul style="list-style-type: none"> • Vaginal intercourse or insemination every 1–2 days beginning soon after the menstrual period ends can increase the likelihood of becoming pregnant (for clients with regular menstrual cycles). 					
<ul style="list-style-type: none"> • Fertility awareness methods or devices—such as over-the-counter ovulation kits, digital telephone applications, or cycle beads—can determine or predict the time of ovulation. 					
<ul style="list-style-type: none"> • Body weight can influence fertility, with underweight and overweight individuals having an increased risk of infertility. 					
<ul style="list-style-type: none"> • Consuming high levels of caffeine (e.g., more than five cups per day) might reduce fertility. 					
<ul style="list-style-type: none"> • Smoking, consuming alcohol, using recreational drugs, and using most commercially available vaginal lubricants might reduce fertility. 					

Basic Infertility Services

Element	Always	Usually	Sometimes	Never	How could we improve?
We offer inclusive basic infertility services to all clients who seek them as part of core family planning services and in accordance with the recommendations of professional medical organizations. ¹					
We offer early evaluation (such as evaluation after 6 months of regular unprotected intercourse) if factors ² associated with infertility are known to be present, or if there are questions regarding the client's or their partner's fertility.					
We provide visits that focus on determining potential causes of the inability to achieve pregnancy and making any needed referrals to specialist care.					
We conduct evaluation of both partners at the same time, when possible.					
When providing infertility services, we apply principles of trauma-informed care and holistic supports that center the client.					

Basic Infertility Care for All Clients

(see the basic clinical evaluation of infertility checklists for providers for [female clients](#) and [male clients](#))

During the clinic visit, we focus on understanding the client's reproductive and/or family building goals.					
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¹Such as the American College of Obstetricians and Gynecologists, the American Society for Reproductive Medicine, and the American Urological Association.

²Females aged > 35 years, those with a history of oligomenorrhea (infrequent menstruation), those with known or suspected uterine or tubal disease or endometriosis.

Basic Infertility Care for All Clients

(see the basic clinical evaluation of infertility checklists for providers for female clients and male clients)

Element	Always	Usually	Sometimes	Never	Strongly Disagree	How could we improve?
During the clinic visit, we focus on understanding the client's difficulty in achieving pregnancy. In accordance with recommendations developed by professional medical associations, we conduct each of these steps for all clients during the clinic visit: <ul style="list-style-type: none"> • Medical history • Reproductive history • Review of systems • Physical examination 						
We refer clients for further diagnosis and treatment, as needed.						

Infertility Counseling

During the clinic visit, we offer infertility counseling that is guided by information elicited from the client during the medical and reproductive history and the findings of the physical exam.						
We counsel clients on additional infertility evaluation, as needed, and on considerations for accessing and utilizing treatment options, including fertility preservation.						
We address the emotional and educational needs of clients with infertility; we refer clients for psychological support, infertility support groups, or family counseling, as indicated.						

Conducting Quality Improvement

We conduct quality improvement to identify barriers to access and to increase access to inclusive, equitable, and quality basic infertility services.						
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