Sample Policy for Same-Visit Contraceptive Service

This sample policy establishes that same-visit initiation of contraception will be available to all clients, in accordance with current standards of care and Title X Program expectations.[1] Agencies can adapt the language to fit their needs. Policies should: include the agency's logo; reflect the agency's own practices and individual state law; and be responsive to the cultural needs of the populations served by the agency. *Agencies can delete this paragraph after modifying the template below.*

TITLE: SAME-VISIT CONTRACEPTIVE SERVICES
POLICY: IT IS THE POLICY OF <*AGENCY NAME*> TO PROVIDE CLIENTS WITH THEIR CONTRACEPTIVE METHOD OF CHOICE WITHOUT DELAY.

1. All clients with reproductive potential, regardless of sexual orientation or gender identity,[2] will have their contraceptive and future pregnancy plans discussed at every visit. Contraceptive counseling and methods are provided on a voluntary basis, with respect to a client's choice, and in a non-coercive manner.
2. All clients desiring a new contraceptive method will have a documented negative urine pregnancy test when pregnancy cannot be reasonably excluded (see below).

   A provider can be reasonably certain that the client is not pregnant if they have no symptoms or signs of pregnancy and meet any one of the following criteria:[3]

   - Is ≤7 days after the start of normal menses
   - Has not had penile-vaginal sexual intercourse since the start of last normal menses
   - Has been correctly and consistently using a reliable method of contraception
   - Is ≤7 days after spontaneous or induced abortion
   - Is within 4 weeks postpartum
   - Is fully or nearly fully breastfeeding/chestfeeding (exclusively breastfeeding/chestfeeding or the vast majority [≥85%] of feeds are breastfeeds/chestfeeds), amenorrheic, and <6 months postpartum
3. All sexually active clients will be counseled on the use of condoms for the prevention of sexually transmitted infections (STIs). External condoms (aka "male condoms") and internal condoms (aka "female condoms") will be made available in the clinic at no charge to clients.
4. All non-pregnant clients with reproductive potential will be screened for their need for emergency contraception (EC) and counseled regarding its use. Emergency contraception pills may be dispensed or a prescription will be given to all clients desiring EC, as requested and per state law.
5. If a client chooses a contraceptive injection (Depo-Provera) after counseling, they will receive it that day. Injections will be scheduled 11–13 weeks apart. A follow-up pregnancy test will be considered in 2–3 weeks

[1] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59
[2] See Support LGBTQ+ Clients with Affirming Language Job Aid for language that Title X providers can use to deliver client-centered, equitable, and culturally-affirming care to all clients regardless of sex, gender, or sexual orientation.
[3] https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/notpregnant.html

for those who had unprotected sex in the 2 weeks prior to their injection.

6. If a client chooses self-administered subcutaneous depot medroxyprogesterone acetate (DMPA-SC), follow the same recommendations for initiation, follow-up, and reinjection intervals as for provider-administered DMPA. Repeat injections may be given every 3 months (13 weeks), up to 2 weeks late (15 weeks from the last injection), without needing extra protection. While DMPA-SC is only FDA-approved for health care professionals to administer, providers can prescribe it for off-label use determined through a shared decision-making process between clients and their health care providers.
7. If a client chooses an intrauterine device (IUD)—either a copper IUD (Paragard) or a hormonal IUD (Mirena/ Liletta/Skyla/Kyleena)—or contraceptive implant (Nexplanon) after counseling, they will be able to receive it that day if the clinician can be reasonably certain they are not pregnant (see bullet points above). Clients for whom pregnancy cannot be reasonably ruled out will be counseled about using condoms/abstinence, and return in 2–3 weeks for a repeat urine pregnancy test and insertion of their chosen method. Both types of IUDs can be placed within 5 days of unprotected intercourse as a form of emergency contraception.[4]
8. If a client desires an IUD or implant, every effort will be made to facilitate same-visit initiation. If the client has no contraindications to their method of choice, they will be counseled on the risks, benefits, and alternatives. The client will also be asked to give consent for insertion.
9. A gonorrhea/chlamydia (GC/CT) screening and a pap smear/human papillomavirus (HPV) test can be performed at the time of IUD insertion, if indicated. Any abnormal results will be treated with the IUD in situ. If a provider notes mucopurulent discharge or other concerning signs of cervicitis, the IUD insertion will be delayed until after the treatment regimen is completed and symptoms have resolved.
10. If a client receives a hormonal IUD or implant more than 7 days from the beginning of their last menstrual period, they will be counseled on the need for one week of backup contraceptive coverage (condoms/abstinence). Copper IUDs do not require this backup, as they are immediately effective when inserted.
11. A client may be scheduled for follow-up 6–8 weeks after IUD insertion and annually thereafter, or as needed, for all other methods initiated.
12. A client will have their IUD or implant removed at any time upon their request.
13. If the specified time for use of an IUD (3, 5, or 10 years) or implant (3 years) has passed, a client may have the old device removed and a new one inserted during the same visit.
14. If a client desires tubal ligation/female sterilization surgery, they will be provided with the appropriate state- required consent form. The client will be counseled on the two different methods (hysteroscopic versus laparoscopic). They will also be told that the efficacy of permanent sterilization procedures is equivalent to that of long-acting reversible methods (IUD and implant). If the client desires surgery, every effort will be made to schedule it as soon as possible. Age restrictions and waiting periods will be adhered to based on state and federal requirements.
15. If a client desires to use a fertility awareness-based method (FABM), they will receive counseling, education, and referral to additional resources for more information.

[4] https://rhntc.org/resources/emergency-contraceptive-ec-methods-table