KIMBERLY: Hello everyone and welcome to our series, Putting the QFP into Practice. This third webinar in the series is *Achieving Pregnancy: Assessment, Counseling and Education*. 
KIMBERLY: My name is Kimberly Aumack Yee, a Project Director at Cardea Services,

I’m very happy to have with me today Courtney Benedict. Welcome, Courtney!

Courtney is a certified nurse midwife and a a Title X clinical preceptor and program trainer. She was also a member of the expert panel for the Quality Family Planning Recommendations or “QFP”. Ms. Benedict is the Manager of Medical Standards Implementation at the Planned Parenthood Federation of America.

I’ll be the other presenter for today’s webinar. For a little bit of information about me, I direct training and educational materials development from our Oakland office, as part of the Title X Family Planning National Training Center for Service Delivery, and over the years have collaborated on a variety of operations research projects including fertility awareness-based methods research.

Courtney and I hope you will find this webinar useful and enjoyable.
Kimberly
Today, we plan to discuss:

• How “achieving pregnancy” services fit within the QFP
• How to:
  • **Identify and assess** clients who desire pregnancy, beginning with reproductive life planning
  • **Provide counseling and education**, while continuing to help determine the person’s additional needs and supporting their individualized care plan
• Role play and **counseling scenarios**

Within this context, we’ll share a
• counseling role play and client scenario on achieving pregnancy

This webinar is designed for anyone who may provide education and/or counseling on this topic including medical assistants, health educators, counselors, nurses, and clinicians.

While further assessment and planning for the client will likely take place with a clinician – today we’ll be focusing on the basics, that any staff member may provide.
Kimberly

Our objectives are, that by the end of this webinar you’ll be able to:

• Describe the key messages for counseling women and men to maximize their ability to achieve a healthy pregnancy

• Identify questions that help determine if the client or couple also needs basic infertility, preconception care, STD services and/or other resources
Why Address “Achieving Pregnancy”

• Clarify misperceptions and inaccurate information about fertility and infertility
• Be prepared to talk with clients who respond to reproductive life planning questions with a desire for pregnancy
• Provide an opportunity to promote health behaviors that preserve and maximize fertility
• Empower women and men by providing fertility awareness information

A Core FP Service

Kimberly
So, why talk about achieving pregnancy? What’s the purpose?
• To address misperceptions that many women, men and adolescents have about fertility and infertility, (including when during the menstrual cycle a woman is most likely to get pregnant, and the impact of aging and STDs on fertility, etc.)
• To be prepared to talk with clients who respond to those reproductive life planning questions with a “desire for pregnancy”, and
• To help clients have the number of children they want, when they desire, while supporting behaviors that preserve and protect fertility for healthy birth outcomes
• To help clients understand both male and female fertility, and apply fertility awareness information to their own lives. This can be very empowering—not only to achieve pregnancy, but also to prevent pregnancy, when it’s NOT desired.
Kimberly

Regarding the “QFP,” as many of you know this is the “Providing Quality Family Planning Services: Recommendations of the CDC and the Office of Population Affairs,” published in April 2014 and it:

• Includes evidence-informed guidelines for all service delivery providers of family planning and reproductive health services, including Title X
• Defines core FP services and how to provide them
• Complements and fills the gaps between other guidance documents
Kimberly

This diagram from the QFP shows

- The core FP services in orange, which include “achieving pregnancy,” the third bullet...
- All of the services in orange are related in some way to preventing or achieving a healthy pregnancy, and are embedded within a broader framework of preventive health services.
Kimberly

• The QFP clinical pathway for FP services (here) shows in the top blue box the importance of beginning a visit by assessing the client’s reason for the visit, and assessing her or his reproductive life plan.

• Then, if the reason for the visit is related to preventing or achieving pregnancy, we begin by offering one or more of the services in the first line of four orange boxes.

• This webinar focuses on clients who want to get pregnant, (but not specifically those in need of basic infertility services). The yellow highlighted box shows where achieving pregnancy fits within the framework of the QFP clinical pathway.

Now on to you Courtney, to talk about identifying and assessing clients who desire pregnancy.
Courtney
Identifying and assessing which clients need services related to achieving pregnancy will be your first step. There are a variety of ways you can identify whether a client needs help in achieving pregnancy...
The main way you will identify these clients is by asking... using some simple reproductive life planning questions.
• You may have questions built-in to a health history intake form a client completes
• You may directly ask the client her pregnancy intention during a visit
• She or he may just come out and tell you their intention to become pregnancy or ask for assistance.

While asking about reproductive life planning, you may discover clients that have infertility but many may just need your help understanding how to maximize their chances for fertility. Both client populations will benefit from the assessment and education on achieving pregnancy. Also, consider that you may have men presenting for information about achieving pregnancy, as well as LGBTQ clients. You will want to plan for providing these services to these populations as well.

Let’s discuss some considerations when identifying clients who desire pregnancy...
Identifying Clients

• Who identifies clients
• How to gather information
• Where to document

Courtney
It is important to know in your setting – WHO will identify clients who want to achieve pregnancy; HOW you will gather this information; and WHERE you will consistently document pregnancy intention. How will the client’s reproductive life plan be assessed?

In some settings it will be the MA, RN, or health educator who discovers a client wishes to be pregnant. In other settings, it may the clinicians who do this kind of review and questioning. If all staff types can be trained to identify clients who want pregnancy, this will be ideal. In your setting, be sure to discuss which staff will be responsible for this and how you will identify these clients. Also, determine how you want to find out this information – will you have the clients complete questions on a health history form or questionnaire; will you have the staff performing intake on certain visit types (such as well person visits or contraception or pregnancy test visits) ask a set of questions, or will the questioning come at some other point in the visit? Be sure to include LGBTQ and male clients in on this questioning – as you will want to identify if they or their partner desires pregnancy. Equally important is the documentation of the client’s pregnancy intent in a consistent spot in the health record so that all staff can quickly refer to the client’s status.

We have created a questionnaire/checklist for you to consider to optimize these steps and ensure consistency among your staff members. [See the resources slide for a link to “Optimizing Services for Clients Desiring Pregnancy”]. We encourage you to determine with your service site the answers to these questions and to share with all staff so everyone is on the same page.
Identifying Clients

- Do you want to have children?
- If so, how many?
- When?
- Would you like to be pregnant in the next year?

Courtney

Here is a list of types of questions you may ask on a health history form and/or directly ask clients in order to determine their desire for pregnancy... Be sure to ask open-ended questions if asking the questions directly as this invites clients to elaborate on their feelings.
Assessing Clients Who Wish to Achieve Pregnancy

Further assess reproductive life planning:

- When would you like to be pregnant?
- How long have you been trying to get pregnant?
- What have you and your partner talked about regarding planning to get pregnant?
- What might it be like for you (and your partner) to have a child?

Courtney

Once you have identified that a client wants to achieve pregnancy, some further assessment will be necessary to adequately plan for providing education and care.

Let’s look at some of the further assessment pieces you may gather...

For clients (women and men) who desire pregnancy

- Ask further about when she/they want to get pregnant
- Ask about the length of time she/they have been trying to get pregnant so far as well as any history of pregnancies or infertility
- Ask about partner involvement (support system, reflect on LGBTQ considerations, single parent, cultural/familial considerations, other sensitivities to be aware of or influences to discuss

Because this client is ultimately also a ‘preconception client”, you will also determine any risk factors that may interfere with the ability to achieve a healthy pregnancy. However, preconception care is the subject of another webinar. For these details please see: “Preconception Care” on the FPNTC site.
Courtney
You will also assess and update the client’s physical, sexual and medical history. This may reveal additional issues in the person’s health history that need to be addressed. The results can also help determine the need for additional information like fertility awareness or other health services such as: STD screening, preconception care, infertility services, and other preventative health services.

More detailed questions to ask about the potential need for these services are included in the archived webinars on determining client need, preconception care, basic infertility evaluation, and on August 6th the STD counseling webinar.

Now, let’s look at an example of how you might question a client about their desire for pregnancy and children...
Courtney
Kimberly and I will role play how to identify and assess a client desiring pregnancy... I will play the role of medical assistant and Kimberly will play the role of the client.

CB: “Hi Kimberly, my name is Courtney and I will be performing your intake for today’s visit. Can you tell me what brought you in to the health center today?”

KAY: “Yes, I got a letter that I am due for my well woman exam.”

CB: “OK, we will do that for you today. I reviewed your health history form you filled out and it looks like you have been pretty healthy. I have a couple of questions to ask you that I ask everyone – they help me to figure out what services we can provide you with today. “Are you currently sexually active?”

KAY: “Yes I have been with my husband for three years now.”

CB: “What have you and your partner talked about regarding having children?”

KAY: “Yes, we talk about it and I think we want two kids.”

CB: “OK, have you thought about when you want to have your children?”
KAY: “Well I would like to get pregnant as soon as possible. I had my IUD removed three months ago and haven’t gotten pregnant yet – I’m not sure why.”

CB: “Would you like some information on becoming pregnant?”

KAY: “Yeah, that would be great!”

CB: “OK, I see from your health history form that you smoke cigarettes, can you tell me how long you’ve smoked? And, how many cigarettes you smoke per day?”

KAY: “I really want to quit... I’ve been smoking half a pack per day for about five years.”

CB: “OK, we can help you out with that. Do you drink caffeine, alcohol or take any drugs or medications?”

KAY: “No, I don’t do any of that stuff.”

CB: “OK, so in addition to your well woman check-up, we will be sure to get you information about becoming pregnant, as well as information about quitting smoking and preparing yourself for pregnancy. I would also like to take your height and weight to calculate your BMI measurement.”

SO... as you can see in this role play—we ask about the desire for pregnancy as part of the reproductive life planning, and for those desiring pregnancy, the answers to these questions help guide additional assessment questions and the next steps in their care.

We also ask questions to find out more about the client’s physical/medical, sexual, social history and conditions, assess for the possible need for basic infertility services, and address any other health needs related to achieving pregnancy like preconception care.
Courtney

Now, let's focus on using your assessment to form a counseling and education plan for the client. Your role may be to formulate a plan or to execute any education and counseling related to this plan. As discussed earlier, it is important for you to clarify what your role is in your particular setting.
Courtney

For clients who desire pregnancy, you can determine their need and interest in fertility awareness education by asking questions like:

- How easily do you think you (or your partner) will get pregnant?
- What have you heard about how pregnancy occurs?
- What have you heard about factors that can decrease a person's ability to get pregnant?
- Are you interested in more information about your fertility and how to achieve pregnancy?

If the client or couple is interested in and would benefit from learning more about their fertility and how to maximize conception— you would plan to make that happen either the same day or return for another visit.

Your plan for education and counseling may also include concepts such as smoking cessation or nutritional counseling depending on the assessment you gathered.

Kimberly is now going to focus more on how to counsel and educate clients on fertility awareness...
Kimberly
While Fertility Awareness education is not required for clients who wish to achieve pregnancy, it can be very helpful (and interesting) for them to know:
- how pregnancy occurs, including the basics of male and female fertility, and
- when during the menstrual cycle a woman is most likely to get pregnant,
- Different ways to observe and keep track of naturally occurring signs of fertility, and
- tips for maximizing fertility, including how certain diet and lifestyle factors can enhance (or reduce) fertility, and also affect a developing fetus (even before you know you’re pregnant)
Next we’ll talk about key messages for clients who would like information about fertility and conception.
When talking with providers and during the live “Achieving Pregnancy” webinar, many shared that it can be difficult to describe the menstrual cycle and fertility awareness information in a simple, easy-to-understand way.

So, on the next few slides we thought we’d show (with pictures and words) an example of how you could provide basic fertility awareness information simply and concretely.

Then, you could use this part of the PPT—the slides with the GREEN titles—as a job aid or even convert it to a flip book when providing fertility awareness education to clients who desire pregnancy. Or, you could share this part of the PPT with other staff, and practice how to provide education on these fertility awareness messages.

When discussing this information with clients, it’s really helpful to ask questions throughout—then pause after a question, and listen to what the client says or has heard, so you can continually tailor what you say next, to meet their needs. I’ll do this with the first couple of slides as an example.

When you tailor the information for the needs of the client you may end up using just some vs all of this information on the following slides, depending on how your client responds.

For example, you can start the conversation by asking an opening question about what the person thinks or believes in terms of their own fertility.
Kimberly

Something like: “How easily do you think you’ll get pregnant?” What makes you think that?

Then, after acknowledging what the client says about this, add relevant information like:

About 80 out of 100 women get pregnant within six months of having unprotected intercourse (ASRM, 2013) And, after a year of unprotected sex, about 85 out of 100 get pregnant.

Some people don’t realize how fertile they really are, and that it’s normal to take a few months to get pregnant.

In terms of those who need basic infertility services, this is about 15 out of 100 couples who have been trying to get pregnant for a year.
KIMBERLY
What is fertility? What does that mean to you?

Fertility is the “ability” of a woman to become pregnant or man to cause a pregnancy.

From puberty on, when a girl first begins to get her period, this is a common sign of her emerging fertility. (Not that days of bleeding are a fertile time) but rather a menstruating girl/woman is typically “fertile” and can get pregnant for several days in a row, about mid-way between one menstrual period and the next. Her ability to get pregnant is greatest in her early 20s and then declines slowly as she ages until her periods stop altogether at menopause—which is when a woman is no longer able to get pregnant naturally (typically when she is in her late 40s or early 50s).

For males, fertility also begins at puberty. With his first ejaculations, a male has the potential ability to cause pregnancy if he has intercourse with a female and ejaculates in (or near) her vagina. A man’s fertility declines more slowly with age than a woman’s does, and his fertility does not completely end like a woman’s fertility.
Kimberly

(Remember, I’m modeling a way you can present this information in a simple, straight-forward way with pictures….for clients who have not already learned this.)

For pregnancy to occur you need a sufficient number of healthy sperm in semen (from the man) and a healthy egg (from the woman).

Ovulation is the release of an egg from a woman’s ovary and is essential for getting pregnant. An egg is released each menstrual cycle, about mid-way between one menstrual period and the next.

When a woman and man have sexual intercourse, semen containing millions of sperm, is released from the man’s penis into her vagina. Sperm travel through her reproductive tract, through the tubes, in search of an egg to fertilize.
After the egg and sperm join, and fertilization has happened, the fertilized egg travels through a tube in the woman’s body to implant in her uterus (or womb), where it develops and grows.

An open passageway for the sperm to travel to the egg, and for the fertilized egg to travel to the uterus, are also important for pregnancy to occur.
**Kimberly**

Now, a woman’s menstrual cycle begins on the first day of bleeding, and ends the day before her next period starts. The row of circles on this slide represents each day of a menstrual cycle, and in this example the woman’s cycle is 31 days long. The reddish circles represent days of menstrual bleeding.

On this slide, the green vertical line and the egg above show the an estimated day of ovulation, about mid-cycle. The egg can live and be able to be fertilized for about 24 hours. And, the sperm you see to the left of the green line show how (around the time of ovulation) sperm can live in the woman’s reproductive tract and remain capable of fertilizing an egg for up to about 5 days.

This means, a woman is able to become pregnant for about six days in a row during each menstrual cycle.

However, between one period and the next, it’s hard for an individual woman to know—ahead of time— exactly which day she’s going to ovulate. So it’s hard for her to know exactly when her own fertile days will begin and end. But, with a little more fertility awareness information she can easily estimate a little bigger “window of fertility” and then plan to have intercourse every one or two days during this time. This can help increase her chance of pregnancy.
Kimberly

So how does a woman know when her fertile days begin?—, especially if she may very well ovulate a little earlier or a little later in a given cycle. If she has menstrual cycles between 26 to 32 days long, (most cycles) the days when pregnancy is VERY LIKELY are between days 8 through 19 of her cycle. (IRH, SDM efficacy study, Arevalo, 2002) So, if a couple has sexual intercourse on these days (days 8 through 19), they can target the fertile days.

Since a woman can’t predict exactly when ovulation is going to occur, she can personally estimate a fertile window that is probably closer to about 12 days long (rather than 6).

There are simple tools, like CycleBeads (seen in the picture on this slide) that a woman or couple can use to:

1) keep track of her menstrual cycle,
2) identify “days 8 through 19”, and then
3) use this information to plan to have intercourse on these days, if pregnancy is desired

With this physical tool, you just move the ring one bead each day in the direction of the arrow, and look at the color of the bead to see whether it is a fertile day or not.

Or, you can use a simple calendar, smart phone or online app, or fertility awareness chart, to identify the fertile days. (We’ll talk more about these tools in a few minutes.)
Kimberly
Another way to identify fertile days is for the woman to pay attention to her cervical secretions, a fluid she can see and feel at her genital area on her fertile days. This fluid—sometimes called “mucus”—is a very visible, reliable, private sign of a woman’s fertility.

A woman can easily see these secretions (when they are present) by wiping her genital area with TP, and by paying attention to the sensation of wetness she may feel in her genital area.

Secretions change during the menstrual cycle. We tell women: after your period ends, you may not notice any secretions at all around the genital area. You typically feel dry. Then, as you begin your fertile days you can notice the presence of secretions—first they appear in very small amounts, and then as the days go by they increase in amount and wetness. As the secretions become more wet, slippery and clear, about mid-cycle they are a very reliable sign of increased fertility. (See the picture at the top right of the slide.) This type of secretion helps a couple know to have unprotected intercourse to achieve pregnancy. Then, after ovulation the secretions change, become drier, and then typically can’t be seen or felt until the next menstrual cycle.

*Next you can ask a woman whether she has ever noticed her secretions. FYI:* Interestingly, most women have already noticed their secretions since puberty, and can easily observe if they are there or not. However, very few women have ever been taught that these secretions are associated with their own fertility. Knowing that secretions are a predictive sign of fertility can be very empowering.
Kimberly
Other naturally occurring signs of fertility a woman can observe in her own body include: 1) a slight shift in her basal body temperature (which is the temperature of the body at rest, when she first wakes up, before getting out of bed in the morning); and 2) subtle changes in her cervix.

• If you’re a menstruating woman your basal body temperature is a little lower from the beginning of your period until just around ovulation. Then, your temperature rises a few tenths of a degree, and stays in this slightly higher range until about the time you get your period again, when your basal body temperature drops back down, to the lower range. This temperature shift around mid-cycle is a confirming sign that ovulation occurred. Although BBT alone doesn’t help you predict when your fertile days will actually start, the temperature shift is a good sign that ovulation occurred that cycle, and you can keep track of your temperature each day to identify when your temperature shift occurs.

• Another observable, physical sign of fertility includes the opening and the position of the cervix. It becomes softer, more open and rises up, slightly higher in the vagina (is harder to reach for at the end of the vagina) around the time of ovulation. However, these changes are more subtle when compared to secretions and the BBT shift.
Kimberly

The natural or fertility awareness-based methods teach in greater detail how to determine the fertile days of the menstrual cycle, and then how to use this information to either plan OR prevent pregnancy. These methods include: symptoms-based methods like: TwoDay Method, Billings Ovulation, Sympto-thermal, Sympto-hormonal, etc. Or calculation-type/menstrual tracking methods like the Standard Days Method with CycleBeads, DOT, or calendar/rhythm method.

For example:
• In addition to the CycleBeads physical tool there is also a related app, and an online version (shown on this slide) for identifying the fertile days
• ClearBlue Fertility Monitor, combines observation and charting of fertility signs with testing urine for hormonal shifts, and proves to be very accurate (especially for preventing pregnancy)
• There are also many other ovulation detection kits, other phone apps, etc.

For some apps the thermometer also syncs with the charting of secretions, other apps just track menses. There are a lot of options to learn about your fertility.

Keep in mind that if you ever want to use fertility awareness information to avoid sex during fertile days in order to prevent pregnancy, you need MORE information than is presented here.
Kimberly
While some women don’t do anything in particular to try and get pregnant, others like to pay attention to their signs of fertility, and plan to be sure to have intercourse on their fertile days—either by targeting days 8-19 of her cycle, OR targeting when she notices wet, clear slippery secretions,— And some women want to keep a more detailed daily record of their fertility signs. This may be due to interest, or perhaps if she has been trying for a while and still hasn’t gotten pregnant.

There are many different charts (and apps from the previous slide) for recording fertility signs. Here on this slide is an example of what a blank and completed paper chart looks like. This one includes space to record:

- the day of the menstrual cycle, and whether you had sex that day
- Appearance and changes in cervical secretions
- BBT reading from the AM
- Other things that you may notice like changes in the cervix, sleep patterns, moodiness, stress, etc.

Recording fertility signs (on a chart or app) can also be helpful to show the provider, especially if basic infertility services will be needed. On the resource slide, at the end of this webinar, is a link to a u-tube video on “Filling Out your Chart—A Step by Step Guide.”
Reflecting on the Fertility Awareness information in this section of the PPT, what are the main things that need to happen to achieve pregnancy naturally?

- timing is important, (having unprotected sex during the fertile days of a woman’s menstrual cycle)
- the woman needs to release a healthy egg (ovulation),
- the man needs to have a sufficient amount of healthy sperm, and healthy semen,
- the egg and sperm need to join together (fertilization) and there needs to be an open passageway for the transport of the fertilized egg,
- so the healthy fertilized egg can implant on the uterus.

We also know that age, health, previously having had sexually transmitted infections and environmental factors all can affect male and female fertility.

In addition to natural conception, there is also of course assisted reproductive technology to help people achieve pregnancy in other ways including certain medications and procedures such as artificial insemination, in vitro fertilization or surrogacy. This technology can help clients with infertility, and it can also help clients who want to achieve pregnancy without a heterosexual relationship with vaginal intercourse.

This is the end of the Fertility Awareness example (with the GREEN titles) that you could use as a guide for simple client education on fertility awareness….. If you’d like more detailed information see the resources that accompany this webinar package. Now, back to you Courtney....
Finally, I would like to touch on some additional counseling messages that you may use with clients wanting pregnancy.

Two client education fact sheets that you may find helpful are from the American Society for Reproductive Medicine (ASRM). These are available for reproduction and listed on the resource slide at the end of our webinar and provide a nice overview of the next few slides:

Client education resource: ASRM “Optimizing Female Fertility” Fact Sheet (https://www.asrm.org/FACTSHEET_Optimizing_Natural_Fertility/)
If applicable, clients should be educated on how their age might affect their fertility. ASRM also has some helpful age-related fertility graphs that you can download for use in client education.

Maintaining optimal BMI (proportion of height to healthy weight) is important for both male and female fertility. Being overweight decreases fertility in both sexes and women who are underweight may experience anovulatory cycles (or cycles that do not regularly result in a mature egg ready for fertilization). Clients who are outside of their optimal BMI should be offered nutrition and exercise information in a way that is sensitive to their weight issues.

Men and women who have chronic illnesses, a history of sexually transmitted infections or take regular medications should discuss these factors with their provider to evaluate whether these may affect their fertility or create risk factors in a pregnancy.
Courtney
Here are some additional factors that affect fertility...
Smoking tobacco, heavy consumption of alcohol (meaning > 2 drinks per day), use of recreational drugs, consumption of high levels of caffeine (more than 5 cups of coffee per day) and most vaginal lubricants can have a negative impact on fertility and clients who are identified as users of these substances should be counseled on cessation. It is important to have resources available on cessation for clients to access. Exposure to environmental pollutants and toxins should also be avoided to maximize fertility.

You may also spend some time dispelling Myths/misperceptions around fertility that don’t have affects on fertility (such as certain coital positions or post coital positioning for women).
Courtney

Also – It’s important **not** to assume that clients desiring pregnancy are necessarily in a heterosexual relationship.

Anticipate what education and counseling LGBTQ clients and single clients may need. Maintain resources that LGBTQ and other clients who want children may need, such as:

- Fertility specialists
- Sperm donation centers
- Adoption and Surrogacy resources
Courtney
Clients who are seeking pregnancy should also be encouraged to explore the effects that parenting and the process of achieving pregnancy may have in their relationship with their partner.

A good understanding of fertility and conception can help partners talk about sex, sexuality, fertility, etc. and then maximize their fertility potential for when pregnancy is desired, and also better understand how methods work to prevent pregnancy when pregnancy is not desired.
Couple Communication

- How does your partner feel about having children?
- What kinds of conversations have you had with your partner about getting pregnant?
- How do you feel about discussing conception and timing of intercourse with your partner?
- Do you have any concerns about bringing up smoking, drinking, or use of drugs with your partner?
- Are there any concerns or stressors you have in your relationship that might effect your ability to have a child?
- How do you feel about inviting your partner to a visit to discuss achieving pregnancy?

Courtney
We also want to encourage clients to communicate with their partners about their fertility. Some open-ended questions you might use to check in about partner communication are:

- How does your partner feel about having children?
- What kinds of conversations have you had with your partner about getting pregnant?
- How do you feel about discussing conception and timing of intercourse with your partner?
- Do you have any concerns about bringing up smoking, drinking, or use of drugs with your partner?
- Are there any concerns or stressors you have in your relationship that might effect your ability to have a child?
- How do you feel about inviting your partner to a visit to discuss achieving pregnancy?
Courtney

So now let's look at how you might apply the information from this webinar. Let’s look at a fairly typical scenario you may see in your setting...
Case Study: Teresa

Teresa is 25 years old. She comes in for a well woman visit. When asked questions about her reproductive life plan, her desire for pregnancy becomes known. Teresa has stopped taking the pill for the past month. She has never been pregnant before, and worries some about her fertility.

Courtney

READ CASE STUDY ON THE SLIDE

In this scenario – we have identified Teresa as a client who wishes to achieve pregnancy by asking about her reproductive life plan. She also revealed she has concerns about her fertility...

Now – let’s see how you might proceed with helping her to achieve pregnancy.
Case Study: Teresa

- Gathering more information
- Providing counseling and education
- Identifying other services she might need

Courtney

First, we will gather more information to assess what further education and counseling would be helpful for her. You may ask further questions, such as:
- Can you tell me your understanding of ovulation and timing sex?
- What concerns do you have about your fertility? Were there past issues with fertility?
- What conversations have you had with your partner about wanting pregnancy and the timing of intercourse?

You may also want to check-in with her about her understanding of fertility after the pill. Her answers to these questions will help you to cater a plan to educate her on concepts that you identify she may need.

In her case, education about fertility awareness will likely be appropriate. So you can offer to teach her about normal fertility rates, how to maximize her fertility and you may want to utilize the flipchart we are providing along with this presentation. You may also offer her a client education sheet on maximizing fertility – such as the ASRM handout we provide the link to.

Finally, you will identify if there are other services she might need. You may also offer preconception information and/or offer a further assessment of her preconception needs.
Courtney

As depicted in this decision tree, Along with identifying that she is wanting to achieve pregnancy – you may also identify that she may need STD screening or other preventive health services.

You will also determine with her – what her next steps are and any follow-up she may need or want. In her case, you may have her tracking menstrual, ovulation, and coital patterns and return to see you in a specific time to review those materials. You may also encourage her partner’s involvement in a follow-up appointment if possible.

So, I hope this scenario helped you to visualize how you may approach providing these services to clients.

Now – back to Kimberly to wrap up today’s presentation.
Kimberly
Thanks Courtney, as we wrap up, think about your answer to the following question. Based on what you’ve heard about achieving pregnancy—

When is the most fertile time of a woman’s menstrual cycle?
   a. during menses
   b. right after menses ends
   c. about mid-cycle
   d. just before menses starts again
   e. all of the above

(PAUSE)
The answer is c.) about mid-cycle. We can remember this point from the Fertility Awareness Information slides, the slide that shows when ovulation, and the fertile days around ovulation, typically occur.
One more question to think about as we close:

If a woman is trying to maximize her potential for getting pregnant, which naturally occurring sign of fertility can she use?

a. cervical secretions/mucus  
b. days of menstrual bleeding  
c. body mass index  
d. all of the above

(PAUSE)

And...the answer is A.) cervical secretions or mucus are an excellent predictor that ovulation will soon occur and that pregnancy is very likely. (Although menses, or a period tracker can help a woman estimate her mid-cycle fertile time, the actual days of menstrual bleeding are not the days when pregnancy is most likely)
Kimberly

In closing, achieving pregnancy is a core FP service, and helps women and men plan the number, spacing and timing of healthy pregnancies.

Many clients have not learned fertility awareness information including when during the menstrual cycle pregnancy is most likely to occur, or that secretions in a woman’s genital area are a reliable sign of fertility. This information can be very empowering.

When providing assessment, counseling and education on “achieving pregnancy” it’s important to determine at your site, who will do what, when, and how care will be coordinated among the different members of the team.
Kimberly
This tool: “Optimizing Services for Clients Desiring Pregnancy,” is designed to help you examine your own personal practices related to achieving pregnancy, and/or to examine your site-specific practices and job roles related to this. We have instructions for this activity, which you can conduct together with other staff using this tool. It’s posted on the FPNTC website, on the same page that describes this webinar.

By meeting with other staff and discussing this tool, you and your team can determine more specifically, how to integrate “achieving pregnancy services” in a way that works well for you and your site.
Resources

- Client education resource: ASRM “Optimizing Male Fertility” Fact Sheet
  https://www.asrm.org/FACTSHEET_Optimizing_Male_Fertility/
- Client education resource: ASRM “Optimizing Female Fertility” Fact Sheet
  https://www.asrm.org/FACTSHEET_Optimizing_Natural_Fertility/
- Video on how to complete a fertility awareness chart
  https://www.pinterest.com/pin/450993350156955773/
- Staff tool: Optimizing Services for Clients Desiring Pregnancy
- Book: “Taking Charge of Your Fertility” by Toni Weschler

Kimberly
Here are some links to client education materials.
References


Kimberly

And, these are our references for the webinar and interesting future reading.
Here are links to related webinars

**Putting the QFP into Practice Series:**
- How to Begin—Determining the Client’s Need for Services
- Integrating Reproductive Life Planning (RLP) into Your Family Planning Session
- STD Services in the Family Planning Setting-Assessment, Counseling and Education

**30 Minute Virtual Coffee Break**
- Basic Infertility Evaluation for Family Planning Clinicians
- Maximizing Fertility
Kimberly

Before you go, please take a moment to fill out the online evaluation as we really value your feedback. The evaluation will open once you close your browser window.
Kimberly

If you have any problems with completing the evaluation or requesting your certificate, please call our Training Coordinator, Jana Dolsen or Robert Mitchell, at 510-835-3700.

Thank you again, and have a wonderful rest of your day.