



# Preconception Health Services Self-Assessment Tool for Family Planning Service Sites

According to *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)*, “Providers of family planning services should offer preconception health services to female and male clients in accordance with CDC’s recommendations to improve preconception health and health care.” (1) Evidence-based guidelines and recommendations—such as the *QFP* and recommendations from the U.S. Preventive Services Task Force—describe how family planning providers can deliver high-quality preconception health services that meet clients’ needs.

Use the Preconception Health Services Components Assessment (on page 2) and Social Determinants of Health Resource/Referral Assessment (on page 9) to determine the extent to which your site’s preconception health-related policies/procedures, documentation protocols, services, and available resources/referrals align with evidence-based guidelines and recommendations.

To complete the Preconception Health Services Components Assessment, follow these steps:

1. Review your agency’s written policies/procedures and fill out the “Captured in written policies/procedures” column in the assessment.
2. Fill out the Chart Audit Form on page 7. Using the completed form, fill out the “Consistently documented in client charts” column in the assessment. For components not consistently documented in client charts, note opportunities for improvement.
3. Fill out the Client Visit Observation Form on page 8. Using the completed form, fill out the “Consistently observed during client visits” column in the assessment. For components not consistently observed in client visits, note opportunities for improvement.

## Preconception Health Services Components Assessment

Preconception health services component	Captured in written policies/procedures		Consistently documented in client charts (Chart Audit Form results)		Consistently observed during client visits (Client Visit Observation Form results)		Opportunities for improvement
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Folic acid</b> <i>For example:</i> Counsel all females <sup>1</sup> planning or capable of pregnancy about the need to take 0.4–0.8 mg of folic acid daily, in accordance with the U.S. Preventive Services Task Force (USPSTF) recommendation (Grade A).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Reproductive goals</b> <i>For example:</i> Assess reproductive goals and sexual health for all clients. Engage in a client-centered conversation about preconception care, contraception, and/or fertility, as appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<sup>1</sup> Note: This self-assessment tool uses gendered language and terminology throughout, including “male” and “female.” Since this self-assessment tool is rooted in the QFP (1), it mirrors the gendered language used in the QFP. References to “male” in this policy generally refer to individuals assigned as male at birth, while references to “female” generally refer to individuals assigned as female at birth. In practice, clinics should ask patients their pronouns and address them accordingly.

Preconception health services component	Captured in written policies/ procedures		Consistently documented in client charts (Chart Audit Form results)		Consistently observed during client visits (Client Visit Observation Form results)		Opportunities for improvement
<p><b>Female medical history</b>  <i>For example:</i> In accordance with the QFP, obtain a medical history from females that includes the following:</p> <ul style="list-style-type: none"> <li>• Reproductive history</li> <li>• History of poor birth outcomes (i.e., preterm, cesarean delivery, miscarriage, and stillbirth)</li> <li>• Environmental exposures, hazards and toxins (e.g., tobacco, alcohol, and other drugs)</li> <li>• Medications that are known teratogens</li> <li>• Genetic conditions</li> <li>• Family history</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p><b>Male medical history</b>  <i>For example:</i> In accordance with the QFP, obtain a medical history from males that includes the following:</p> <ul style="list-style-type: none"> <li>• Medical and surgical history that might impair one's reproductive health (e.g., genetic conditions, including sickle cell disease or trait)</li> <li>• History of reproductive failures or conditions that can reduce sperm quality, such as obesity, diabetes mellitus, and varicocele</li> <li>• Environmental exposures, hazards, and toxins (e.g., tobacco, alcohol, other drugs)</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Preconception health services component	Captured in written policies/ procedures		Consistently documented in client charts (Chart Audit Form results)		Consistently observed during client visits (Client Visit Observation Form results)		Opportunities for improvement
<b>Intimate partner violence</b> <i>For example:</i> Screen females for intimate partner violence and provide or refer clients who screen positive to intervention services, in accordance with the USPSTF recommendation (Grade B).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Alcohol and other drug use</b> <i>For example:</i> Screen all clients for alcohol and other drug use in accordance with the USPSTF recommendation (Grade B for ages 18+, Grade I for ages 12–17), and provide behavioral counseling interventions, as indicated.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Tobacco use</b> <i>For example:</i> Screen for tobacco use in accordance with the USPSTF recommendations: <ul style="list-style-type: none"> <li>● For adults who use tobacco products, provide or refer for tobacco cessation interventions, including brief behavioral counseling sessions (&lt;10 minutes) and pharmacotherapy delivered in primary care settings (Grade A).</li> <li>● For adolescents who don't use tobacco products, provide intervention to prevent initiation of tobacco use (Grade B).</li> <li>● For adolescents who use tobacco products, provide brief behavioral counseling sessions (&lt;10 minutes) (Grade I).</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Preconception health services component	Captured in written policies/ procedures		Consistently documented in client charts (Chart Audit Form results)		Consistently observed during client visits (Client Visit Observation Form results)		Opportunities for improvement
<p><b>Immunizations</b>  <i>For example:</i> Screen for immunizations in accordance with the recommendations of the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices:</p> <ul style="list-style-type: none"> <li>• For all clients, screen for age-appropriate vaccinations, such as influenza; tetanus–diphtheria–pertussis (Tdap); measles, mumps, and rubella (MMR); varicella; pneumococcal; and meningococcal.</li> <li>• For females who are uncertain about MMR immunization, offer a rubella titer on site or by referral.</li> </ul> <p>Offer vaccination, as indicated, and/or provide referrals to community providers for immunization.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p><b>Depression</b>  <i>For example:</i> Screen all clients for depression using a validated tool [e.g., Patient Health Questionnaire (PHQ-9) or Edinburgh Postpartum Depression Screening (EPDS)], document findings, and refer for behavioral therapy as appropriate (Grade B).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Preconception health services component	Captured in written policies/ procedures		Consistently documented in client charts (Chart Audit Form results)		Consistently observed during client visits (Client Visit Observation Form results)		Opportunities for improvement
<p><b>Obesity</b>  <i>For example:</i> Screen all adult and adolescent clients for obesity in accordance with the USPSTF recommendation (Grade B).</p> <ul style="list-style-type: none"> <li>For adults with obesity, provide or refer for intensive counseling and behavioral interventions to promote sustained weight loss (Grade B).</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p><b>Hypertension</b>  <i>For example:</i> Screen all clients routinely for hypertension in accordance with the USPSTF recommendation (Grade A) and with American College of Cardiology/American Heart Association guidelines:</p> <ul style="list-style-type: none"> <li>Screen clients with blood pressure less than 120/80 every 1–2 years.</li> <li>Screen clients with systolic blood pressure greater than or equal to 120 and/or with diastolic blood pressure greater than or equal to 80 every year.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p><b>Diabetes</b>  <i>For example:</i> Screen for diabetes in accordance with the USPSTF recommendation (Grade B):</p> <ul style="list-style-type: none"> <li>Screen for diabetes in adults aged 40–70 years who are overweight or obese, and refer clients with abnormal glucose levels to primary care providers for further evaluation.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Chart Audit Form

Use this chart audit to assess and record the extent to which your agency is documenting each component of preconception health services. Pull at least three charts from recent family planning preventive care visits with new clients. Aim for charts that reflect different providers and clinical staff.

For each chart, use the form below to mark whether the chart includes documentation of each preconception health services component. Refer to the self-assessment above for a description of what each component's documentation should include. Once you have completed this form, use the results to fill out the "Consistently documented in client charts" column in the Preconception Health Services Components Assessment.

Preconception health services component	Documented in chart 1		Documented in chart 2		Documented in chart 3	
Folic acid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reproductive life plan and sexual health assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical history	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intimate partner violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol and other drug use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tobacco use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obesity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Client Visit Observation Form

Use this client visit observation form to assess the extent to which your agency is implementing all preconception health services components. Observe one to three client visits (after obtaining the client’s permission).

For each client visit, use the form below to mark whether the clinical staff implemented each preconception health services component. Refer to the self-assessment above for a description of what clinical staff should cover with the client for each component. Once you have completed this form, use the results to fill out the “Consistently observed in client visits” column in the Preconception Health Services Components Assessment.

Preconception health services component	Observed during client visit 1		Observed during client visit 2		Observed during client visit 3	
Folic acid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reproductive life plan and sexual health assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical history	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intimate partner violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol and other drug use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tobacco use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obesity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## Social Determinants of Health Resource/Referral Assessment

Social determinants of health (SDOH) are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” (2) Examples of SDOH include: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; and language and literacy skills (2).

SDOH significantly affect clients’ overall well-being, including their preconception health status. When providing preconception health services, it’s important to assess whether clients need help addressing SDOH. To reduce client stress and enhance client-provider trust, it’s also important to have resources and/or referrals available to meet these needs. Use this checklist to assess whether your agency has resources and/or referrals available to address clients’ SDOH-related needs. Then identify opportunities to fill your agency’s resource and referral gaps.

Resource/referral available to help clients with:	Yes	No	Comments
Housing <i>For example: public and emergency housing, utilities assistance</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Racism and other forms of discrimination <i>For example: legal aid</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Violence <i>For example: intimate partner violence</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Educational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	
Financial assistance and employment <i>For example: Temporary Assistance for Needy Families, unemployment office</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	
Food Security <i>For example: Supplemental Nutrition Assistance Program (SNAP)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical activity needs <i>For example: fitness classes, local park, school track</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Quality	<input type="checkbox"/>	<input type="checkbox"/>	
Water Quality	<input type="checkbox"/>	<input type="checkbox"/>	
Lead exposure <i>For example: lead assessment services</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Language and literacy needs <i>For example: translation services</i>	<input type="checkbox"/>	<input type="checkbox"/>	

References:

1. Centers for Disease Control and Prevention. (2014, April 25). Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. *Morbidity and Mortality Weekly Report*, 63(4). <https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
2. Healthy People 2030. (n.d.) *Social Determinants of Health*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
3. U.S. Preventive Services Task Force. (n.d) *A and B Recommendations*. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>
4. American College of Cardiology. (2017, November 13). *New ACC/AHA High Blood Pressure Guidelines Lower Definition of Hypertension*. <https://www.acc.org/latest-in-cardiology/articles/2017/11/08/11/47/mon-5pm-bp-guideline-aha-2017>