

Promoting reproductive well-being through routine screening

ican!

Reproductive well-being means your clients have full agency over their own bodies to optimize health from puberty onward. You can support your clients reproductive well-being by routinely screening for contraceptive needs and desires alongside STI and HIV prevention and education.

CDC's 5 P's to Capturing Sexual Health History

Partners

Understand your client's sexual partners: Are you currently having sex? In recent months, how many partners have you had? What is your partner(s) gender?

Practices

Understand a client's sexual practices: What kinds of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?

Protection from STIs

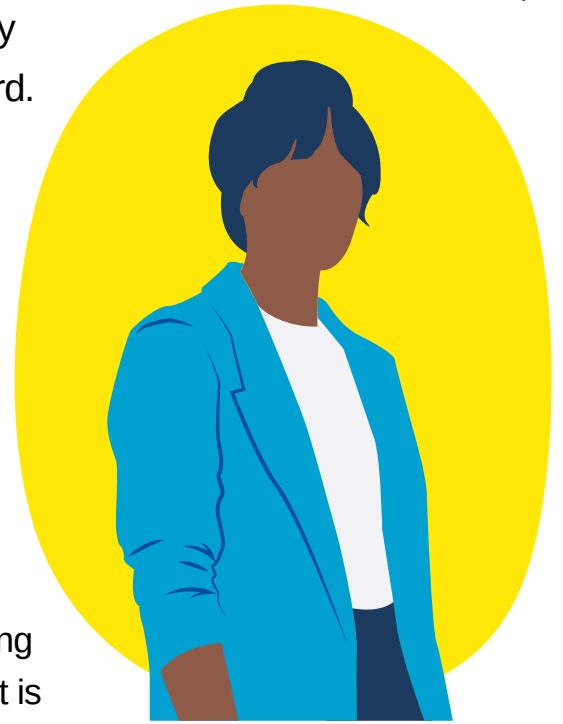
Understand needed risk-reduction support: Do you and your partner(s) discuss STI prevention? What methods do you use (internal/external condoms)? How often?

Past History of STIs

Understand clients' STI health history: Have you ever been tested for STIs or HIV? Would you like to be tested while you're here today?

Pregnancy Intention

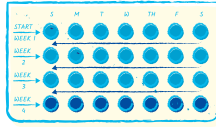
Understand client's contraceptive needs and desires: Do you think you might like to have (more) children at some point? How soon might that be?



Person-Centered Reproductive Well-Being Assessment



Preconception, pregnancy planning, infertility



Contraception for pregnancy prevention or spacing



Contraception for STI/HIV prevention, medical reasons

Use reflective strategies: ASK, LISTEN, and LISTEN!

Regardless of which PATH, facilitate shared decision-making with open-ended, probing questions, validation, and affirming/confirming words. It sounds like:

- What I'm hearing you say is...
- Many clients think that and ...
- I would like to be sure I understood what you said...
- I can see why this is concerning and...
- Yes, you are right and...

Client Information

First /Preferred name: _____

Last name: _____

Pronoun(s): _____

DOB: _____

Pregnancy History: G ___ P ___

Q1: Do you think you might like to have (more) children at some point?

Yes () Don't Know/Not sure () No ()

Q2: When do you think that might be?

Now/Sometime soon () Not Now/Not Soon () Not Ever ()

If applicable, list events, milestones, or dates that are important when thinking about pregnancy:

Q3: How important is it to you to prevent pregnancy (until then)?

Very Important () Somewhat important () Not important ()

Q4: What else is important to you in your birth control method? (circle responses)

Remember that barrier methods/condoms are the only method that can decrease the risk of STI's and HIV!

- Confidential/private
- Stops/decreases monthly bleeding
- Start/stop on my own
- Helps with heavy periods
- Helps with medical condition
- No hormones (especially estrogen)
- Helps with bad cramps
- Hassle-free (no daily/weekly reminder)
- Protection from STIs, HIV
- Other: _____

Since you said [Q1 + Q2 response] about having (more) children and it is [Q3 response] important to prevent pregnancy and [Q4 response] is important, let's talk about your options.

Past birth control method(s): _____ Preferred birth control method(s): _____

Scan the QR code to refer your client to a trusted provider who can help them get their preferred birth control method at low or no cost.

Use our Birth Control Options page and Birth Control Quiz to help your clients understand their options at www.ican4all.org.

