

Providing Quality Family Planning Services in the U.S.

Recommendations of the U.S. Office of Population Affairs (Revised 2024)

What are the Quality Family Planning Recommendations?

These recommendations represent an update to Providing Quality Family Planning (QFP) Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA), originally published in 2014.

The updated QFP recommendations aim to:

- set the standard for high quality, person-centered, inclusive, and equitable sexual and reproductive health (SRH) services for people of reproductive age (refer to the QFP Recommendations and Services box).
- enable providers with the knowledge, skills, and attitudes to ensure that all people—regardless of individual characteristics such as sex, sexual orientation and gender identity, age, disability, or race—can have their SRH needs met.
- provide guidance on the provision of person-centered SRH care focused on individuals' needs, values, and preferences.
- connect users to relevant guidelines, primary research, and other resources to inform best practices.

The primary audience is providers in settings dedicated to SRH care, including those funded by the Title X family planning program as well as primary care and subspecialty providers who may identify SRH needs and make referrals.

QFP Recommendations and Services

The Office of Population Affairs (OPA) publishes the Quality Family Planning (QFP) Recommendations to establish clinical best practices, guidelines, and recommendations for sexual and reproductive health (SRH) care and services. These services are crucial to people's overall health and quality of life.

The QFP Recommendations outline how to provide quality SRH services including:

- Family-building
- Contraception
- Pregnancy testing and counseling
- Early pregnancy management
- Sexually transmitted infections (STI) and human immunodeficiency virus (HIV) prevention, screening, and treatment
- Screening and other preventive health services.

Quality SRH care supports U.S. public health objectives, including improving birth outcomes, reducing the rate of sexually transmitted infections (STI), and preventing pregnancy-related mortality and morbidity. During the past decade, several changes in the United States have affected the delivery of SRH care, family planning services, and our understanding of quality. This broader context shaped the update of these recommendations.

The update of the QFP incorporates published scientific evidence, existing guidelines, and expansive types of evidence. The QFP incorporates newer approaches to care, including adopting a health equity lens that recognizes the impact of structural and interpersonal racism, classism, ableism, and bias based on sexual orientation and/or gender identity on health and the provision of quality SRH care.

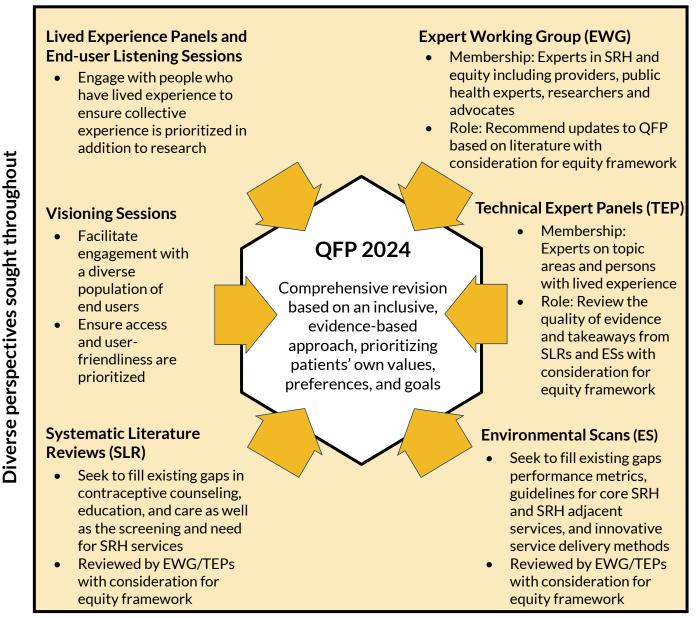


What is different in the updated Quality Family Planning Recommendations?

2014 QFP Report		2024 QFP Recommendations
Focused on women as recipients of care, with some specific content for male clients	→	Uses an inclusive approach and language throughout, to recognize that all people may need and access SRH care
Focused on care provided within the formal health care system, particularly specialized family planning clinic settings	→	Includes care from a broad range of providers in varied settings, both within and beyond the formal health care system, including client-led and self-care options
Followed a traditional hierarchy of guidelines and evidence in establishing recommendations	→	In addition to incorporating published scientific evidence and existing guidelines, it includes more expansive and inclusive sources of evidence like direct input from QFP users and people with lived experience
Offered recommendations on how to provide quality family planning services, including: Contraceptive services Pregnancy testing and counseling Helping clients achieve pregnancy Basic infertility services Preconception health services STI services		 Guiding principles and approaches to care Person-centeredness Evidence-informed Inclusive Accessible Sex and body positive Trauma-informed New contraceptive methods and access strategies, like telehealth and over the counter (OTC) oral contraception Content and resources on early pregnancy management Expanded approach to pathways to parenting New or reframed other preventive health care services related to mental health, healthy weight, perimenopausal care, and human trafficking New STI and HIV prevention strategies, including self-care approaches, and pre- and post-exposure prophylaxis (PrEP and PEP)
Recommended that all persons capable of having a child should have a reproductive life plan (RLP) and that providers should discuss the RLP with clients receiving contraceptive, pregnancy testing and counseling, basic infertility, sexually transmitted disease, and preconception health services.	→	Advises discussing reproductive desires with a person-centered approach that focuses on open-ended communication and nonjudgmental counseling and support; does not endorse a single framework.

Equity principles, social justice, and the need for increased SRH access guided the collaboration and development process for the Quality Family Planning Recommendations

Guided by Equity Principles



Social justice as the cornerstone



10 Quality Family Planning Recommendations

- 1. Guiding Principles for Sexual and Reproductive Health (SRH) Care and Approaches to Care. Quality SRH care is person-centered, evidence-based, inclusive, accessible, trauma-informed, and acknowledges and works to mitigate all forms of bias.
- 2. Screening for the Need and Desire for SRH Services. Asking about a person's needs and experiences, taking an open-ended sexual history, and screening for specific services can help providers ensure people get services that are medically appropriate and in line with their personal needs and preferences.
- 3. STI and HIV Services. STI and HIV screening, testing, and treatment guidelines are the foundation of STI and HIV care, including STI and HIV risk assessment; prevention strategies including prevention counseling, pre-exposure vaccination, and prophylactic measures (pre- and post- exposure); screening for STI and HIV; and treatment for individuals and their partners.
- 4. Family Building. Providers and/or clinics should offer personalized, non-biased, nonjudgmental, medically appropriate care for the variety of ways that people want or need to build their families by offering care or referrals for pre-pregnancy care, or basic fertility services for persons who wish to carry a pregnancy and give birth, and; provide referrals to medically assisted reproduction services or resources for adoption services persons who want or need to build their family through these services.
- 5. **Pregnancy Options.** People with a positive pregnancy test should be offered information and non-directive counseling on pregnancy options: parenting, adoption, and abortion. Providers should take steps to:
 - Equip people with the information and resources needed to support a course of action.
 - Offer factual, neutral, and nonjudgmental information about each option.
- 6. Person-Centered Contraceptive Service Delivery. A person-centered contraceptive care approach helps to ensure that people are offered contraception services that are in alignment with their individual values, preferences, needs, and desires. This includes using quality contraceptive counseling techniques and offering information about and access to a full range of hormonal and non-hormonal contraceptive options, including permanent methods, either at a service delivery site or by referral.
- 7. Screening and Preventive Health Care Services. Health care visits should include provision of or referral to gender affirming care and preventive health services to improve the health of individuals and communities such as:
 - Screening for healthy weight and chronic medical conditions, immunization status, and genital track and breast cancer.
 - Discussing topics such as perimenopause, mental health, use of alcohol and other substances, sexual assault, sexual violence, and human trafficking.
- 8. Using Performance Measures to Track and Improve Quality of Care. Develop performance measurement and quality improvement processes that are person-centered, avoid creating harm, allow for evaluation of inequities, and include intentional dissemination of results.
- 9. Contraceptive Services Availability of a Broad Range of Methods. SRH programs should offer and stock a broad range of FDA-approved contraceptive methods so the needs of individual patients can be met promptly. These methods should be available at service delivery sites, but strong referral networks can facilitate efforts to make methods not available on-site real options for patients.
- **10. Youth-Friendly Services.** SRH programs should take steps to make services "youth-friendly," defined as services that are accessible, acceptable, equitable, appropriate, and effective for adolescents.