**ADAPTED PROTOCOL FOR FAMILY PLANNING VISITS**

**DURING COVID-19 OUTBREAK**

**Workflow:**

1. **Appointments that are already scheduled:** Provider to call scheduled patients and assess need for clinic cancelation/postponement, telemedicine visit, or in-person visit. Provider will then route Telephone Encounter to RN or PSS pool.
2. **Patients requesting appointments (only applies to patients who bypass contact center and reach RN):** RN follow protocol below; consult with provider.

**ASYMPTOMATIC PATIENTS**

**Contraceptive visits**

1. New prescription for pill/patch/ring 🡪 ***Schedule telemedicine visit***
   1. Screen for contraindications to estrogen. If normal BP documented in the past year, send Rx to pharmacy if appropriate (1 year prescription or supply).
   2. For patients without documented normal BP in the past year:
      1. Patient with home BP cuff: ask them to take BP and report value
      2. Patients without home BP cuff: two options:
         1. Begin progestin-only pills
         2. Advise them to schedule visit after May 1st to ensure normal BP (with PCP or OB/GYN). If delaying will cause a gap in contraceptive coverage for the patient, explain the risks of estrogen and untreated HTN and consider 3 month Rx per clinician discretion.
2. Refill of pill/patch/ring -> send Rx to pharmacy (1 year prescription or supply), ***telemedicine not needed*** unless patient requests.
3. IUD/implant placement or DMPA injection
   1. ***Proceed with in-person visit*** if institutional policy allows. If not, schedule future appointment and counsel about bridge methods of contraception
4. IUD/implant removal
   1. Ask patient if willing to wait until after May 1st or date chosen by institution
   2. ***If not willing to wait or has urgent concern (heavy bleeding, pelvic pain), proceed with in-person visit***
5. IUD/implant replacement
   1. Follow recommendations for extended use
   2. ***If device has reached end of extended use lifetime, there is a clinical reason to replace sooner, or patient is not comfortable with extended use, proceed with in-person visit*** if institutional policy allows. If not, schedule future appointment and counsel on bridge method***.***
6. Permanent contraception
   1. Ask patient to reschedule after May 1st or date chosen by institution
   2. Inquire about need for alternative contraception in meantime and counsel about bridge methods of contraception
7. ****Undecided about method – Desires contraceptive counseling
   1. ***Schedule telemedicine visit*** for full contraceptive counseling
   2. ***If patient desires an IUD, implant, or DMPA injection, schedule in person visit*** if institutional policy allows. If not, schedule future appointment and counsel about bridge methods of contraception
   3. ***For other methods,*** follow procedures as above

**Non-Contraceptive Gyn Visits** (e.g. annual exams, well woman visits, pap screening)

1. Inquire about contraceptive needs/refills and see section above
2. Reschedule all other visits until after May 1 unless deemed clinically urgent (heavy bleeding with symptomatic anemia, pelvic pain suggestive of IUD expulsion, PID, or ectopic pregnancy, etc.).
3. If patient has gynecologic symptoms that are NOT urgent (vaginal discharge) consider providing Rx over the phone and schedule follow up call to assess resolution.
4. STI testing: If patient has new exposure or concerning symptoms, consider ordering lab tests (urine GC/CT, blood tests) and patient can go directly to the lab. If patient requesting routine testing without exposure or symptoms, recommend scheduling visit after May 1st.

**Abortion and Early Pregnancy Loss Visits**

1. Options counseling: ***Schedule telemedicine visit***
2. Medication or surgical management of unintended pregnancy or early pregnancy loss:
   1. ***Proceed with in-person visit***—abortion care remains an essential service***.*** No change to ability to perform in clinic procedure (e.g. uterine aspiration). Masks and eye protection are recommended. Full PPE not required at this time.
3. Follow-up visit after uterine aspiration for abortion or early pregnancy loss management:
   1. No need to schedule routine follow up visit after uterine aspiration
   2. ***If patient requests follow up visit, schedule telemedicine visit***
   3. ***Proceed with in-person visit if patient reports concerning symptoms*** (heavy bleeding, significant abdominal or pelvic pain, symptoms of continuing pregnancy)
   4. If patient desires contraception, follow above protocol
4. Follow-up visit after medication abortion or medical management of early pregnancy loss:
   1. ***Schedule telemedicine visit approximately 1 week after mifepristone***
   2. The clinician and patient will review standard questions regarding clinical history after medication administration (**See “Phone Follow up After Medical Abortion” Protocol**)
      1. NAF Sample: <https://5aa1b2xfmfh2e2mk03kk8rsx-wpengine.netdna-ssl.com/wp-content/uploads/Telephone-follow-up-for-medication-abortion.pdf>
   3. The clinician and patient will assess if they each believe the pregnancy was expelled (bleeding and passage of clots or tissue followed by resolution of pregnancy symptoms)
   4. If the clinician and patient both feel that the pregnancy was expelled:
      1. The patient will be instructed to perform a high sensitivity urine pregnancy test (available from any drug store) in approximately 3 weeks, which is about 4 weeks after mifepristone administration.
      2. ***Schedule telemedicine visit after she performs the urine pregnancy test to discuss the results***
         1. If the test is negative, no further in-person follow-up is necessary. Contraception will again be reviewed (follow above protocol)
         2. ***If the test is positive, schedule for in-person visit*** as soon as possible. A transvaginal ultrasound will be performed. Further care will be based on ultrasound results.
   5. ***If the patient or the clinician thinks the pregnancy has not passed, the patient will be scheduled for an in-person visit as soon as possible***

**SYMPTOMATIC PATIENTS (New cough, new shortness of breath, or fever)**

**Symptomatic patients should be referred for COVID-19 testing per clinic protocol, or should contact the [clinic in your area] to arrange testing.**

**Contraceptive and gyn visits requiring in-person appointment per above protocol:**

1. Symptomatic patients should be asked to postpone visit; reschedule family planning visit in 7 days or after symptoms resolve. If patient has an emergent issue send to ED.
2. Always offer telemedicine visit and if appropriate bridge method
3. Some in-person appointments, based on patient health history and clinical judgement, may still be offered to symptomatic patients for contraception and gyn care following hospital protocol.

**Abortion and pregnancy loss**:

1. Ask the patient to reschedule in 7 days
   1. ***Exceptions: In the following cases, consider ED visit with COVID-19 isolation so that patient can obtain urgent testing, ultrasound, and preop planning.*** 
      1. >22w
      2. Fetal demise > 15 weeks
      3. If patient already has dilators in place
      4. If procedure indicated for severe clinical indications (heavy bleeding, pregnancy complications)