

Approaches to Standardized Screening for Reproductive Desires



Screening for reproductive desires is recommended for every client during the initial visit and regularly thereafter as determined by client need. Each of the screening tools listed below prompts a provider to initiate a shared decision-making conversation focused on a client's reproductive health needs. Understanding the nuances of each of the four approaches will enable providers to decide which one makes the most sense to use with a client, as well as within a particular community and health care setting.

Is your agency funded by the Title X Program?

Clients who respond to a reproductive desires screening question(s) qualify as a Title X Program client for Family Planning Annual Report (FPAR) purposes.

SAMPLE TOOLS	TOOL CONTENT	CONSIDERATIONS
Reproductive desires		
Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention (PATH)¹	Three questions: <ol style="list-style-type: none"> 1. Do you think you might like to have (more) children at some point? 2. When do you think that might be? 3. How important is it to you to prevent pregnancy (until then)? 	<ul style="list-style-type: none"> • Time frame open to client interpretation • Allows for client ambivalence • Can be modified to be applicable to both people who have never had children and people who already have children • No structured response options, open-ended conversation • Subsequent questions can be modified based on answers to previous questions • Job aids, videos, and other resources available through the RHNTC and Envision SRH in the public domain at no cost
One Key Question (OKQ)²	Single question/prompt: Would you like to become pregnant in the next year? You can answer yes, no, unsure, or okay either way.	<ul style="list-style-type: none"> • Time-oriented • Can be programmed into the electronic health record (EHR) and used in conjunction with electronic clinical quality measures (eCQMs) • Most-studied of these approaches and studies showed it had minimal impact on clinical workflow during its implementation. • OKQ training and resources, including follow-up prompts, available through Power to Decide for a cost • Less allowance for client ambivalence • May miss those wanting pregnancy within 12 months, but not presently
Service-based		
Reproductive Health Services-Based Screening Question (RHSSQ)⁴	Single question/prompt: Can I help you with any reproductive health services today, such as preventing pregnancy or planning a healthy pregnancy?	<ul style="list-style-type: none"> • Allows for client ambivalence • Allows for an expansive range of SRH services by allowing clients to identify the services they want and reduces risk of provider bias • Least studied question of those included in this table, however, studies confirmed that clients interpreted the question as it was intended
Self-Identified Need for Contraception (SINC)³	Single question/prompt: We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?	<ul style="list-style-type: none"> • Timeline open to client interpretation • Allows for client ambivalence • Can be programmed into the EHR and used in conjunction with eCQMs, in addition to being a stand-alone needs assessment question • Implementation resources, including follow-up prompts, available through University of California San Francisco in the public domain at no cost

¹ <https://pubmed.ncbi.nlm.nih.gov/27776920>

² <https://pubmed.ncbi.nlm.nih.gov/23773527>

³ <https://pcrhp.ucsf.edu/SINC>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9805867>

Is your agency a federally qualified health center?

All approaches included in this job aid meet the Uniform Data System (UDS) standardized screener tool requirements for reporting the family planning needs data element.