



**FPNTC**  
FAMILY PLANNING  
NATIONAL TRAINING CENTER

# **CONTRACEPTIVE ACCESS ASSESSMENT**

---

UPDATED APRIL 2019

**FPNTC.ORG**



## HOW TO USE THIS TOOL

Use this tool to assess access to contraception at your site(s). After completing the assessment, use the [Contraceptive Access Change Package](#) to identify strategies for improving access to the full range of contraceptive methods.

How often are the following prescription methods <b>STOCKED</b> on site (and immediately available)?	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always
Copper Intrauterine Device (IUD)					
LNG Intrauterine System (IUS)					
Hormonal Implant					
Hormonal Injection					
Oral Contraceptive Pills					
Contraceptive Patch					
Vaginal Ring					

How often is a <b>CLINICIAN AVAILABLE</b> to provide the following methods to patients during standard business hours (M-F, 9am-5pm)?	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always
Copper Intrauterine Device (IUD)					
LNG Intrauterine System (IUS)					
Hormonal Implant					
Hormonal Injection					
Oral Contraceptive Pills, Contraceptive Patch, Vaginal Ring					



**Looking to improve in this area?** Go to **Best Practice 1** of the [Contraceptive Access Change Package](#) to find case studies, strategies, and resources related to stocking a broad range of provider-dependent, FDA-approved contraceptive methods.

How often are the following **COUNSELING PRACTICES** used? Consider ALL services, including pregnancy tests, emergency contraception, and STD screening.

*Not sure? Conduct a few observations using the [Contraceptive Counseling and Education Checklist](#) to find out.*

Never/  
Almost  
Never

Rarely

Sometimes

Often

Always/  
Almost  
Always

Patients are asked about their thoughts and desires regarding future pregnancy.

Patients are asked about their preferences regarding method characteristics (e.g., risk of pregnancy, how method is used, menstrual side effects, other side effects, and other considerations).

Providers work interactively with patients to identify the method that best matches their preferences.

Patients are actively engaged in developing a plan for correct method use, addressing potential barriers, and follow-up (e.g., managing side effects).

Patients are provided accurate information on correct use, effectiveness, benefits, side effects, potential risks, and STD/HIV prevention.

Patients are informed about if/how the methods they are interested in prevent against STDs.

Patients are provided balanced, unbiased, and tailored information.

Patients are asked to show and tell the main things they learned through teach-back.




**Looking to improve in this area?** Go to **Best Practice 2** of the [Contraceptive Access Change Package](#) to find case studies, strategies, and resources related to providing evidence-informed, patient-centered counseling.

How often are patients able to receive the following methods during the <b>SAME VISIT</b> in which they request them (when you can be reasonably certain the patient is not pregnant)?	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always
Copper Intrauterine Device (IUD)					
LNG Intrauterine System (IUS)					
Hormonal Implant					
Hormonal Injection					
Oral Contraceptive Pills					
Contraceptive Patch					
Vaginal Ring					
Fertility Awareness-Based Methods (FABM)					



**Looking to improve in this area?** Go to **Best Practice 3** of the [Contraceptive Access Change Package](#) to find case studies, strategies, and resources related to same-visit provision of all contraceptive methods, at all visit types, when you can be reasonably certain the patient is not pregnant.

<p><b>How often do providers adhere to the following EVIDENCE-BASED CLINICAL PRACTICES?</b></p> <p><i>Not sure? Consider observing a few patient visits using the <a href="#">Patient Visit Tracking Sheet</a> or conduct chart reviews to find out.</i></p>	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always
<p>Patients are provided their contraceptive method of choice (including IUD/IUS and impant) at their visits rather than waiting for next menses (also known as “quick start”) if the provider can be reasonably certain that the patient is not pregnant. (<a href="#">QFP</a>)</p>					
<p>Evidence-based medical criteria for contraceptive use are used to assess safety and eligibility for contraceptive methods. (<a href="#">MEC</a>)</p>					
<p>Patients are provided their methods of choice (including IUD/ IUS) without requiring a negative STD test result (unless medically indicated). (<a href="#">SPR</a>)</p>					
<p>Patients are provided or prescribed multiple cycles of oral contraceptive pills, the contraceptive patch, or the vaginal ring. (<a href="#">QFP</a>)</p>					
<p>Patients are provided or prescribed their methods of choice, without requiring a pelvic exam (with the exceptions of IUD, IUS, or diaphragm). (<a href="#">SPR</a>)</p>					

 **Looking to improve in this area?** Go to the [Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, U.S. Selected Practice Recommendations for Contraceptive Use](#), and [U.S. Medical Eligibility Criteria for Contraceptive Use](#) to ensure that contraceptive services are provided using the most current recommendations.

How often are the following practices used to <b>REDUCE COST AS A BARRIER?</b>	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always
Patients are provided their methods of choice (including IUD/IUS and implant) without delay, regardless of ability to pay.					
Reasonable efforts to collect charges are made (without jeopardizing client confidentiality).					
Patients are provided their methods of choice (including IUD/IUS and implant) without a delay for insurance benefits verification.					



**Looking to improve in this area?** Go to **Best Practice 4** of the [Contraceptive Access Change Package](#) to find case studies, strategies, and resources related to reducing cost as a barrier to contraception.